

CONSENT TO ADOPTION

I, [name], the natural mother [father] of [name], a minor child under the age of eighteen (18), hereby consents to adoption of said child and aver as follows:

1. I am an adult, age [] years, having been born [date].
2. I am not married and was not married within one year of the birth of the child.
[OR I am married to [name].]
3. I am the natural mother [father] of [name], age [], having been born on [date], in [] Hospital, [location], [] County, Pennsylvania.
4. I do not know the identity of the natural father [mother] of the child. [OR The natural father [mother] of the child is [name].]
5. I hereby voluntarily and unconditionally consent to the adoption of the above-named child.
6. I understand that by signing this consent I indicate my intent to permanently give up all rights to said child.
7. I understand that such child will be placed for adoption. [OR I understand that such child will be adopted by [name], in whose custody and care the child has been since [date].]
8. I understand I may revoke this consent to permanently give up all rights to this child by placing the revocation in writing and serving it upon [name], the adult to whom the child was relinquished. [OR ... serving it upon [agency], the agency to whom the child was relinquished.]
9. If I am the birth father or putative father of the child, I understand that this consent to an adoption is irrevocable unless I revoke it within thirty (30) days

after either the birth of the child or my execution of the consent, whichever occurs later, by delivering a written revocation to [name & address of agency coordinating adoption] or [name & address of attorney who represents the individual relinquishing parental rights or prospective adoptive parent of the child] or [court of the county in which the voluntary relinquishment was or will be filed].

10. If I am the birth mother of the child, I understand that this consent to an adoption is irrevocable unless I revoke it within thirty (30) days after executing it by delivering a written revocation to [name & address of agency coordinating adoption] or [name & address of attorney who represents the individual relinquishing parental rights or prospective adoptive parent of the child] or [court of the county in which the voluntary relinquishment was or will be filed].
11. I have read and I understand the above, and I am signing it as a free and voluntary act.

Date: _____

At Media, Delaware County, Pennsylvania

[Name]

Birth/Putative Father or Birth Mother

WITNESS

Address:

Relationship to Consenting Parent

WITNESS

Address:

Relationship to Consenting Parent