

Name: _____
 Address: _____
 City, State, Zip _____
 Telephone: _____
 Email Address: _____
 Self-Represented

DISTRICT COURT
 _____ **COUNTY, NEVADA**

In the Matter of the Petition of
 _____ and

 (*adoptive parents' names*)
 For adoption of a minor child.

CASE NO.: _____
 DEPT: _____

CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION

1. I, (*consenting parent's name*) _____, am
 the natural (*check one*) mother / father of the following children:

Child's Full Name:	Date of Birth	Male / Female

2. I give my unqualified and absolute consent to the termination of my parental rights as to my minor children named above.
3. I give my full and free consent to the adoption of the above named children to (*name of first petitioner*) _____ and (*name of second petitioner or "n/a"*) _____.

4. The best interests of the children will be served by the termination of my rights and the adoption by the petitioner(s) named above.

I understand that this consent cannot be revoked or nullified. I waive notice of any further proceedings based on my consent to the adoption.

DATED this (*day*) _____ day of (*month*) _____, 20____.

Submitted By: (*parent's signature*) ▶ _____
(*print your name*) _____

SUBSCRIBED and SWORN to before
me this _____ day of
(month) _____, (year) _____.

NOTARY PUBLIC

AFFIDAVIT OF WITNESSES

STATE OF NEVADA)
)
COUNTY OF CLARK)

On this (*day*) _____ day of (*month*) _____, 20____, then and there personally appeared the within named (*first witness*) _____ and (*second witness*) _____, who, being duly sworn, depose and say: That they witnessed the execution of the within consent to adoption by (*name of consenting parent*) _____; that she, he or they subscribed the consent to adoption and declared the same to be a voluntary consent to adoption in their presence; that at the time the consent to adoption was executed it contained the names of the person or persons to whom consent was thereby given to adopt the child; that they thereafter subscribed the same as witnesses in the presence of (*name of consenting parent*) _____ and in the presence of each other and at the request of (*name of consenting parent*) _____; that at the time of the execution of the consent to adoption (*name of consenting parent*) _____ acknowledged to them that she, he or they was or were, and she, he or they appeared to them to be, in full possession of her, his or their faculties and not under the influence of any drug or sedative or subject to any duress, fear, menace, compulsion or undue influence whatever; and that they make this affidavit at her, his or their request.

▶ _____
(First Witness’s signature)

▶ _____
(Second Witness’s signature)

(First Witness’s printed name)

(Second Witness’s printed name)

SUBSCRIBED and SWORN to before
me this _____ day of
(month) _____, (year) _____.

NOTARY PUBLIC