

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____.

By: _____
(*your signature*)

(*print your name*)

VERIFICATION

STATE OF NEVADA
COUNTY OF _____

I, _____, am the person named herein, and I have read the above
(*print your name*)

CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION, and I know the contents thereof; that the pleading is true to the best of my own knowledge, except as to those matters therein stated upon information and belief, and as to those matters, I believe them to be true.

(*your signature*)

(*date*)

ACKNOWLEDGMENT

STATE OF NEVADA
COUNTY OF _____

On this _____ day of _____ 20____, personally appeared before me a Notary Public in and for the State of Nevada, _____, known or proved to me to be the person who executed the foregoing **CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION** and **VERIFICATION**, and who acknowledged to me that he/she did so freely and voluntarily.

(*signature of notarial officer*)

AFFIDAVIT OF WITNESSES

STATE OF NEVADA)
)
COUNTY OF _____)

On this (*day*) _____ day of (*month*) _____, 20____, then and there personally appeared the within named (*name first witness*) _____ and (*name second witness*) _____, who, being duly sworn, depose and say: THAT they witnessed the execution of the within **CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION** by (*name of consenting parent*) _____; THAT he/she 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 TERMINATION OF PARENTAL RIGHTS AND 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 to 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 **CONSENT TO TERMINATION OF PARENTAL RIGHTS AND ADOPTION** (*name of consenting parent*) _____ acknowledged to these witnesses that he/she was, or appeared to them to be, in full possession of his/her 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 his/her request.

(*First Witness's signature*)

(*print First Witness's name*)

(*Second Witness's signature*)

(*print Second Witness's name*)

SUBSCRIBED and SWORN to before me on this _____ day of (*month*) _____, 20____.

NOTARY PUBLIC