

**IN THE COURT OF COMMON PLEAS OF YORK COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION**

IN RE: Adoption of _____ : No. _____
: _____
: _____
----- :
(Adoptee's name exactly as it appears on birth certificate)

CONSENT BY PARENT OF ADOPTEE

TO THE HONORABLE, THE JUDGE OF SAID COURT:

The following is hereby represented to the Court:

1. The full names (including complete middle name), ages, marital status and relationship of each parent to the above child are as follows:

Name	Age	Marital Status	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

(The identity of **BOTH** parents **must** be set **forth** above.)

2. This consent is executed more than 72 hours after the birth of said child (except that a putative father) may execute a consent at any time after receiving notice of the expected or actual birth of the child.
3. I hereby voluntarily and unconditionally consent to the adoption of said child.
4. I understand that by signing this consent I indicate my intent to permanently give up all rights to this child.
5. I understand that such child will be placed for adoption.
6. 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 the agency or adult to whom the child was relinquished.
7. 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 30 days after either the birth or my execution of the consent, whichever occurs later, by delivering a written revocation to:

(insert the name and address of the agency coordinating the adoption) **OR**

(insert the name and address of an attorney who represents the individual relinquishing parental rights or prospective adoptive parent of the child) **OR**

(insert the Court of the county in which the voluntary relinquishment form was or will be filed).

(OVER THE CONTINUATION AND SIGNATURES)

8. If I am the BIRTH mother of the child, I understand that this consent to an adoption is irrevocable unless I revoke it within 30 days after executing it by delivering a written revocation to:

(insert the name and address of the agency coordinating the adoption) **OR**

(insert the name and address of an attorney who represents the individual relinquishing parental rights or prospective adoptive parent of the child) **OR**

(insert the Court of the county in which the voluntary relinquishment form was or will be filed).

9. I have read and understand the above and I am signing it as a free and voluntary act.
Signed this _____ day of _____, 20____, at _____ o'clock _____.M.

At _____ in the presence of the two
(place signed)

witnesses whose signatures appear below.

Print name of Consenting Parent

Signature of Consenting Parent

WITNESSES

The undersigned two witnesses hereby certify that the above parent signed the above consent in our presence on the above date.

Printed Name	Address	Relationship to Consenter
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_____	_____	_____
_____	_____	_____

Signature

Signature

JOINDER BY PARENTS OF MINOR CONSENTER

The undersigned parents (or guardians) of the minor consenting parent who has not reached the age of 18 years, hereby join in such consent, and make all the representations to the Court set forth in such consent.

Date: _____

Print Name

Signature

Print Name

Signature

NOTICE

RE: ADOPTIONS.
ANY CONSENT SIGNED
OUTSIDE OF PA
MUST COMPLY WITH THE
LAWS OF THE STATE
OR COUNTRY
WHERE IT WAS SIGNED.
SEE 23 PA.C.S.A §2711(C).