



INSTRUCTIONS FOR FLORIDA SUPREME COURT APPROVED FAMILY LAW FORM
12.981(a)(2),
STEPPARENT ADOPTION: CONSENT OF ADOPTEE

When should this form be used?

This form must be completed and signed by the person being adopted, the adoptee, if he or she is **over 12 years of age**, unless the court, in the best interest of the minor excuses the minor's consent. It must be signed in the presence of a **notary public** or **deputy clerk** and two witnesses other than the notary public or deputy clerk.

This form should be typed or printed in black ink. After completing this form, you should **file** the original with the **clerk of the circuit court** in the county where the **Joint Petition for Adoption by Stepparent**,  Florida Supreme Court Approved Family Law Form 12.981(b)(1) is filed and keep a copy for your records.

Special notes...

Remember, a person who is NOT an attorney is called a nonlawyer. If a nonlawyer helps you fill out these forms, that person must give you a copy of **Disclosure from Nonlawyer**,  Florida Family Law Rules of Procedure Form 12.900 (a), before he or she helps you. A nonlawyer helping you fill out these forms also **must** put his or her name, address, and telephone number on the bottom of the last page of every form he or she helps you complete.

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT,
IN AND FOR _____ COUNTY, FLORIDA

Case No.: _____
Division: _____

IN THE MATTER OF THE ADOPTION OF

_____,
Adoptee(s).

CONSENT OF ADOPTEE

1. I, *{full legal name}* _____, being over the age of 12, consent to my adoption by *{name}* _____, to be his/her legal child and heir at law.
2. I have been told of my right to choose a person who does not have an employment, professional, or personal relationship with the adoption entity or prospective adoptive parents to be present when this affidavit is executed and to sign it as a witness. The witness I selected is: *{full legal name}* _____.
3. [only one]
() I consent to my name being legally changed to *{specify}* _____.
() I do not consent to a name change.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this consent and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Adoptee
Printed Name: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____
Fax Number: _____

Signature of Witness
Printed Name: _____
Business Address: _____
Home Address: _____

Business Address: _____
Home Address: _____

Driver's License or
State ID Card No.: _____

Signature of Witness
Printed Name: _____

Driver's License or
State ID Card No.: _____


STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary
or clerk.]

____ Personally known
____ Produced identification
____ Type of identification produced _____

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN
THE BLANKS BELOW:** [ fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* _____,
a nonlawyer, located at *{street}* _____, *{city}* _____,
{state} _____, *{phone}* _____, helped *{name}* _____,
who is the adoptee, fill out this form.