Person Filing:		
Address (if not protected):		
City, State, Zip Code:		
Telephone:		
Email Address:	For Clerk's Use Only	
Lawyer's Bar Number:		
Licensed Fiduciary Number:		
Representing Self, without a Lawye	OR Attorney for	
	R COURT OF ARIZONA ARICOPA COUNTY	
In the Matter of the Adoption of	Case Number:	
	CONSENT TO ADULT ADOPTION and WAIVER OF NOTICE	
(Name of Adoptee) an Adult		
1. My name, contact information, and r	elationship are as follows:	
Name:		
Telephone:		
I am (check only one box):		
the Spouse of the Adopter (pe	rson seeking to adopt an adult)	
the Spouse of the Adoptee (the	adult being adopted)	
2. I consent to the adoption of:		
(Name of Adoptee – Person to be Ad	by by	- r)
3. I waive notice of all further proceeding	gs in this matter.	

Case Number:					
OATH OR AFFIRMATION swear or affirm under penalty of perjury that the contents of this document are true and correct of the best of my knowledge and belief.					
STATE OF					
COUNTY OF			by		
	_•	(date)	· · y		

Deputy Clerk of Superior Court or Notary Public

(Notary seal)