

Name, Address & Phone Number
(If Attorney filing, type Name, Address & Phone Number)

Petitioner(s), Pro Se
 Attorney for Petitioner(s)

IN THE FAMILY COURT OF THE SECOND CIRCUIT
STATE OF HAWAII

In the Matter of Adoption of) FC-A NO. _____
A MALE FEMALE)
Born on:)
A MALE FEMALE)
Born on:)
A MALE FEMALE)
Born on:)
A MALE FEMALE)
Born on:)
by)
[] the legal spouse of [] and)
[] the child(ren)'s legal parent)
[] husband and wife [] civil union partners)
[] an unmarried person)

Petitioner(s))

CONSENT BY CHILD
(AGE 10 OR OVER)
TO ADOPTION

CONSENT BY CHILD (AGE 10 OR OVER) TO ADOPTION

I, the above-named child, being _____ years old, do consent to my adoption by the above-named person(s) who I believe will be a good parent(s) and able and willing to give me a proper home and education.

I understand that once I am adopted I shall no longer be the legal child of my present legal [] mother [] father [] parents, but will become the child of the above-named person(s) as if I had been born to him, here or them.

[] (In Stepparent Adoptions) However, I understand that even after the adoption is granted, I shall still be the child of my [] father [] mother, who is now married to the person wanting to adopt me.

Because I believe the proposed adoption is in my best interest, I request the Court grant this adoption and change my name to:

_____.

DATE

SIGNATURE OF CHLD

____-____-____
SOCIAL SECURITY NUMBER

DATE

SIGNATURE OF WITNESS

PRINT NAME OF WITNESS

Americans with Disabilities Act Notice



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as soon as possible to allow the court time to provide an accommodation:

Call (808) 244-2855 FAX (808) 244-2932 OR Send an e-mail to: adarequest@courts.hawaii.gov. The court will try to provide, but cannot guarantee, your requested auxiliary aid, service or accommodation.