


FAMILY COURT FIRST CIRCUIT STATE OF HAWAI'I		CONSENT BY ADULT ADOPTEE TO ADOPTION		CASE NUMBER FC-A No.
Adult Adoptee's Legal Name		Adult Adoptee's Birthdate	Adult Adoptee's Birth Place	
Name of Proposed Adoptive Parent(s)		Relationship of Proposed Adoptive Parents to Adult Adoptee		
<p>I, the above-named Adult Adoptee, being _____ years old, do consent to my adoption by the above-named person(s) who I believe will be a good parent/parents and able and willing to give me a proper home.</p> <p>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 legal child of the above-named person(s) as if I had been born to him/her/them.</p> <p><input type="checkbox"/> (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.</p> <p>Because I believe the proposed adoption is in my best interest, I request that the Court grant this adoption.</p>				
DATE	SIGNATURE OF ADULT ADOPTEE		SOCIAL SECURITY NUMBER	
DATE	SIGNATURE OF WITNESS		PRINT NAME OF WITNESS	

 In accordance with the Americans with Disabilities Act, as amended, and other applicable state and federal laws, if you require accommodation for a disability, please contact the ADA Coordinator at the First Circuit Family Court office by telephone at 954-8200, fax 954-8308, or via email at [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov) at least ten (10) working days prior to your hearing or appointment date.

***Please call the Family Court Service Center at 954-8290 if you have any questions regarding forms or procedures.***