**State of Minnesota District Court**

County of: Court File Number:

Judicial District: Case Type: Adoption – Stepparent

**In Re the Petition of:**

Petitioner (Parent)

AND

Petitioner (Stepparent)

**to Adopt:**

Child (Current Name)

Child (Current Name)

Child (Current Name)

# Consent to Adoption by Child Aged 14 or Older (ADO204)

1. My name is . I was born on (date), and I am currently years old. I reside at (street address), (city), County, (state).
2. Of my own free will, and in the presence of two competent witnesses, I consent to being adopted by the Petitioner (Stepparent’s name).

***Child’s Signature***

Date:

 Signature of Child (sign only in front of two witnesses)

***Witnesses’ Signatures***

Date:

 Signature of Witness

Date:

 Signature of Witness