

STATE OF NORTH CAROLINA

IN THE GENERAL COURT OF JUSTICE
DISTRICT COURT DIVISION
BEFORE THE CLERK

_____ COUNTY

_____ SP _____

(Full name of petitioning parent 1)

(Full name of petitioning parent 2)

CONSENT TO ADOPTION
BY ADULT ADOPTEE

FOR THE ADOPTION OF

(Full name by which adult adoptee is to be known if adoption granted)

To the Honorable _____, Clerk of the Superior Court of
_____ County:

I, the undersigned, declare that I am an adult over eighteen years of age, or a [married] [emancipated] minor, who was born in the State/Country of _____ on the _____ day of _____, _____

1. I hereby consent to my adoption by _____ and
_____, petitioner(s), and request that my name [remain] [be changed to]

2. I agree to assume toward the adoptive parent the legal relation of parent and child and to have all of the rights and be subject to all of the duties of that relationship; and

3. I understand the consequences the adoption may have for rights of inheritance, property, or support, including the loss of nonvested inheritance rights which existed prior to the adoption and the acquisition of new inheritance rights.

4. I understand I may revoke this Consent at any time before the entry of the Decree of Adoption by delivering a written notice of revocation to the individual to whom the Consent was given. If a petition to adopt has been filed, the notice or revocation shall also be filed with the Clerk of Superior Court in the county where the petition is pending.

This the _____ day of _____, _____

Original Name - Adult Adoptee

Address

STATE OF NORTH CAROLINA

_____ **COUNTY**

I, _____, do hereby certify
(Name of official)

that _____ personally appeared before me this day
(Name of adult adoptee)

and acknowledged the due execution of the foregoing instrument.

I certify that I, the undersigned, am a Notary Public or one otherwise empowered to acknowledge signatures under Chapter 47 of the General Statutes of North Carolina.

Witness my hand and seal this the _____ day of _____, _____

(S E A L)

Signature _____

Title _____

My commission expires _____

NOTE:

The DSS-5164 is prepared in duplicate. The **original** form is attached to the Petition for Adult Adoption and forwarded by the Clerk of Superior Court to the Division of Social Services, State Department of Health and Human Services; a copy is given to the consenting adult.