

<b>FAMILY COURT FIRST CIRCUIT STATE OF HAWAI'I</b>	<b>CONSENT TO ADOPTION BY SPOUSE/CIVIL UNION PARTNER OF ADULT ADOPTEE</b>	CASE NUMBER FC-A No.
Adult Adoptee's Legal Name		Adult Adoptee's Birthdate
Name of Adult Adoptee's <input type="checkbox"/> Spouse <input type="checkbox"/> Civil Union Partner		Date of Marriage/Solemnization of Civil Union
Name of Proposed Adoptive Parent(s)		
<p style="text-align: center;">I, _____, am the <input type="checkbox"/> spouse <input type="checkbox"/> civil union partner of the above-named Adult Adoptee and am fully informed as to the nature of this proceeding.</p> <p>I do consent, pursuant to Section 578-2(b) of the Hawai'i Revised Statutes, to the adoption of my <input type="checkbox"/> spouse <input type="checkbox"/> civil union partner by _____.</p>		
Date	Signature of Spouse/Civil Union Partner	
Document Title: <u>Consent to Adoption by Spouse/Civil Union Partner of Adult Adoptee</u> Document Date: _____ No. of Pages: <u>1</u> was subscribed and sworn to me in the First Circuit, State of Hawai'i by: _____ Notary Public Signature: _____ Date: _____ Print Name: _____ My commission expires: _____		

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 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.***