

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	CASE ID/NUMBER FC-A No. _____
--	----------------------------------

**GENERAL CONSENT TO ADOPTION  
OF [ ] MOTHER [ ] FATHER  
[ ] OTHER: \_\_\_\_\_**

Name of Person or Agency Authorized to Select and Approve Adoptive Parent(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Position Title: \_\_\_\_\_

Court Use Only

**INFORMATION REGARDING THE CHILD(REN)'S PARENTS**

	FATHER	MOTHER
Full Legal Name		
Street Address		
City, State, Zip Code		
Telephone Number		
Social Security No.	XXX-XX-____	XXX-XX-____
Date of Birth		
Racial Extraction		

**INFORMATION REGARDING THE CHILD(REN)'S PARENTS**

	LEGAL ONLY FATHER	OTHER LEGAL PARENT
Full Legal Name		
Street Address		
City, State, Zip Code		
Telephone Number		
Social Security No.	XXX-XX-____	XXX-XX-____
Date of Birth		
Racial Extraction		

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	GENERAL CONSENT TO ADOPTION OF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER: _____	CASE ID/NUMBER FC-A No. _____
--	--	----------------------------------

**INFORMATION REGARDING THE CHILD**

Full Legal Name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth	
Place of Birth	

**INFORMATION REGARDING THE CHILD**

Full Legal Name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth	
Place of Birth	

**INFORMATION REGARDING THE CHILD**

Full Legal Name	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth	
Place of Birth	



If you need an accommodation for a disability when participating in a court program, service, or activity, please contact the ADA Coordinator as far in advance as possible to allow time to provide an accommodation: Call the ADA Coordinator of the First Circuit Family Court Office at 954-8200, fax 954-8308, or send an e-mail to [adarequest@courts.hawaii.gov](mailto:adarequest@courts.hawaii.gov). The ADA Coordinator will work to provide, but cannot guarantee your requested auxiliary aid, service, or accommodation.

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

STATE OF HAWAII FAMILY COURT FIRST CIRCUIT	<b>GENERAL CONSENT TO ADOPTION</b> OF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER: _____	CASE ID/NUMBER FC-A No. _____
--	---	----------------------------------

The undersigned being first duly sworn on oath, deposes and says that:

1. I am the parent of the above-identified child(ren).
2. I hereby consent to the placement of the above-identified child(ren) for adoption and to the legal adoption of said above-identified child(ren) by adoptive parent(s) selected and approved by the person or agency named on Page 1 of this *General Consent to Adoption*.
3. I understand that after I sign this *General Consent to Adoption* and after a *Decree of Adoption* is filed by the Court, the legal name of the child(ren) may be changed and all of my parental rights as well as responsibilities for said child(ren) will be **terminated**.
4. I further understand that after I sign this *General Consent to Adoption* and after a **Decree of Adoption** is filed by the Court, I will no longer have any legal right or responsibility to provide care, guidance, or control for said child(ren).
5. I further understand that by signing this *General Consent to Adoption* and after a *Decree of Adoption* is filed by the Court, I will no longer have any legal right to visit with said child(ren).
6. I declare that no representations have been made to me, by anyone, which would serve in any way to limit the complete surrender of all my parental rights intended by this consent or to limit the parental rights to be acquired by the proposed adoptive parent(s).
7. I further understand that after this consent has been signed by me, the consent will be valid and binding, even though I may be under the age of 18 years.
8. I further understand that after the child(ren) has/have started to reside with the above-named adoptive parent(s) or after this consent has been filed with the court in an adoption proceeding by the proposed adoptive parent(s), this consent may not be withdrawn or repudiated without the written order of a judge who has jurisdiction in adoption proceedings, based upon written findings, supported by proof to be submitted by me, that the withdrawal of my consent would be in the best interest of the child(ren).
9. No one has forced or coerced me to sign this *General Consent to Adoption*.
10. No one has made any promises whatsoever to me in return for signing this *General Consent to Adoption*.
11. I have not been offered, nor have I accepted any reward or money in exchange for signing this *General Consent to Adoption*.

STATE OF HAWAI'I FAMILY COURT FIRST CIRCUIT	GENERAL CONSENT TO ADOPTION OF <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER: _____	CASE ID/NUMBER FC-A No. _____
---	--	----------------------------------

12. I waive further notice of any proceedings regarding the adoption of the child(ren), however, if the adoption fails to be granted, I want to be given notice.

**CONFIDENTIALITY PURSUANT TO HRS § 578-15**

13. I have been advised of the requirements of section 578-15 of the Hawai'i Revised Statutes regarding the confidentiality of the court's adoption records.

14. When my child become 18 years old, my child or the adoptive parent(s) can submit a written request to Family Court to inspect the court's records regarding this adoption. HRS §578-15(a)(2).

15. When my child becomes 18 years old, I can submit a written request to Family Court to inspect the court's records regarding this adoption. HRS §578-15(a)(3).

16. My child or the adoptive parent(s) can submit a written request to receive information in the court's records concerning ethnic background and/or necessary medical information. HRS §578-15(a)(4).

17. I can submit a written request for a copy of my child's original birth certificate from the court's records. HRS §578-15(a)(5).

18. The court can, upon showing of good cause, allow inspection of the court's records regarding this adoption. HRS §578-15(a)(1).

19. It is my responsibility to keep the Family Court informed of my current address if I want disclosure to be made.

20. The Family Court has no responsibility to notify the child(ren), adoptive parent(s), or the natural parent(s) of any dates related to the above paragraphs.

I hereby solemnly and sincerely declare under penalty of perjury that the statements made herein are true and correct to the best of my belief, information, and knowledge.

DATED: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Date

\_\_\_\_\_  
Signature of  Mother  Father  Other