



# CONSENT TO ADOPTION

State Form 12582 (R8 / 5-14) / CW 1331  
DEPARTMENT OF CHILD SERVICES

The records in this series are **CONFIDENTIAL** according to IC 31-19-19.

\_\_\_\_\_, the undersigned, being  
(Name of consenting party)

- the parent, born \_\_\_\_\_, \_\_\_\_\_; or
- a child, born \_\_\_\_\_, \_\_\_\_\_, over the age of fourteen (14) years and under eighteen years of age; or
- the local Department of Child Services (DCS) office; or
- the spouse of the child to be adopted; or
- the court with jurisdiction over or legal guardian of an incompetent / minor parent; or
- the court having jurisdiction of the custody of the child; or
- the person having lawful custody/guardianship of the child,

hereby consents to the adoption of \_\_\_\_\_ born \_\_\_\_\_, \_\_\_\_\_,  
(Name of adoptee)

by \_\_\_\_\_ or by a person or persons whose names are not known to me.  
[Name of adoptive parent(s)]

### The following is to be completed by non-residents of Indiana.

The undersigned is not a resident of the state of Indiana; and the undersigned, by signing this consent, submits to the jurisdiction of the Indiana court in which the adoption of \_\_\_\_\_,  
(Name of adoptee)  
born \_\_\_\_\_, \_\_\_\_\_, will be heard.

Signature	Printed / typed name (title, if applicable)
Relationship (if applicable)	Name of local DCS office
Address of agency (number and street, city, state, and ZIP code)	

Before me, the undersigned, a Notary Public or other person authorized to take acknowledgements (IC 31-19-9-2), personally appeared \_\_\_\_\_ and acknowledged and signed the foregoing instrument, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature	Printed / typed name, title
Expiration date of commission / authorization (month, day, year)	County of residence
Name of local DCS office	