

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Juvenile Court _____ County, Colorado Court Address: _____ <hr/> <b>IN THE MATTER OF THE PETITION OF:</b> _____ (name of person(s) seeking to adopt) <hr/> <b>FOR THE ADOPTION OF A CHILD</b>		<b>▲ COURT USE ONLY ▲</b>	
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____		Case Number: _____  Division _____ Courtroom _____	
<b>CONSENT TO ADOPTION – CUSTODIAL PARENT</b>			

1. I certify that I am the birth father mother of \_\_\_\_\_ (name of child) and I certify that the Respondent is the birth father mother of said child.

2. I certify that I am consenting to the adoption of the child by the above-named Petitioner(s).

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

By checking this box, I am acknowledging that I have made a change to the original content of this form.

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### VERIFICATION

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
                               (date)                              (month)                              (year)                              (city or other location, and state OR country)

\_\_\_\_\_  
 (printed name of Father/Mother)

\_\_\_\_\_  
 Signature of Father/Mother