

CONSENT OF A CHILD DOMICILED OUTSIDE QUÉBEC TO THE CHILD'S ADOPTION BY A PERSON DOMICILED IN QUÉBEC

Read carefully before completing. You should obtain any advice and information you wish regarding the consequences of your consent before signing. Sign only if you fully understand each proposal. You should receive a copy of this document and, if possible, retain it for your records. You must not have received any payment or consideration for your consent.

Identity of the child :

Surname _____ First or given name(s) _____

Born on : _____
Date of birth (DD/MM/YYYY)

Born in : _____
Birthplace of the child

The child's mother :

has signed an attached consent
 is deceased or unknown
 has been deprived of her rights

Surname of the mother _____ First or given name(s) of the mother _____

The child's father :

has signed an attached consent
 is deceased or unknown
 has been deprived of his rights

Surname of the father _____ First or given name(s) of the father _____

Sex of the child : male female

The child is currently domiciled at the following address :

Declaration

I, the undersigned :

Surname _____ First or given name(s) _____

declare as follows :

1. I am years _____ old.

2. I freely consent, without pressure or coercion, to my adoption by :

Surname and first name(s) of the adoptive mother _____ Surname and first name(s) of the adoptive father _____

Address _____

3. I know that my adoption will operate to establish a bond of filiation with my adoptive parent(s).

4. I know that my adoption will operate to dissolve permanently the bond of filiation existing between me and my biological family.

5. I have been told that I may withdraw my consent before _____ and that after that date, my consent will be irrevocable.

I declare having understood the meaning and scope of the preceding.

Place : _____, date : _____

Signature of the declarant or declarant's mark

ATTESTATION OF WITNESS(ES)

(if required by law or circumstances, for example in the case of illiterate or disabled persons)

Surname

First name(s)

Signature

Surname

First name(s)

Signature

Surname

First name(s)

Signature

Surname

First name(s)

Signature

ATTESTATION OF THE AUTHORITY AUTHORIZED TO RECEIVE THE CONSENT

Name of authority

Address

Title or capacity of signatory

I hereby certify that the above-mentioned declarant (and witnesses) has (have) appeared before me and signed this document in my presence.

Signature and seal