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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |  |
| IN THE MATTER OF THE ADOPTION OF    Name    Date of Birth | **Consent to Adoption**  Case No. |

|  |  |
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| **Under oath:** | |
| I consent to this adoption. | |
|  | |
| State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires:  This notarial act involved the use of communication technology. | ▶  Signature    Name Printed or Typed    Address    Email Address Telephone Number    Date State Bar No. (if any) |