

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR BREVARD COUNTY, FLORIDA

Case No.: 05 - - DR - - XXXX-XX

Clock In

IN THE MATTER OF THE ADOPTION OF

_____,
{use name to be given to adult} Adoptee.

PETITION FOR ADOPTION OF ADULT BY STEPPARENT

Petitioner, {full legal name} _____, whose date of birth is _____ and whose social security number is _____, files this petition for adoption of the above-named adult, pursuant to Chapter 63, Florida Statutes, and states:

1. This is an action for adoption of an adult by the adult's stepparent, Petitioner.
2. I desire to adopt {adult's full legal name} _____, who was born on {date} _____, at {city} _____, {county} _____, {state} _____.
3. I desire to adopt the adult because: _____

_____.
4. I am _____ years old, and I have resided at {address} _____, Florida for _____ years.
5. The adoptee's name shall be: _____.
6. The adoptee's birth parents are:

Father's Name

Birth date

Address

City

State

Zip

Mother's Name

Birth date

Address

City

State

Zip

7. **Notice.** Notice to the birth parents was made by: _____.

8. Consent.
[check all that apply]

- a. The consent of the adoptee is attached.
- b. The adoptee is married to *{full legal name of adoptee's spouse}*
_____, and the consent of the spouse is attached.
- c. The adoptee is not married.

9. Written notice of this final hearing was provided to the parents or proof of service of process showing notice has been served on the parents is attached.

WHEREFORE, I request that this Court enter a Final Judgment of Adoption of the adult by Petitioner Stepparent and change of the name of the adoptee.

I understand that I am swearing or affirming under oath to the truthfulness of the claims made in this petition and that the punishment of knowingly making a false statement includes fines and/or imprisonment.

Date

Signature of Party

Printed Name

Address

City State Zip

Telephone Number Fax Number

STATE OF FLORIDA
COUNTY OF BREVARD

Sworn to or affirmed and signed before me on _____ by _____
_____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type or stamp commissioned name of notary or deputy clerk.]

Personally known
Produced identification
Type of identification produced _____

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:
[fill in **all** blanks]

I, *{full legal name and trade name of nonlawyer}* _____, a nonlawyer,
located at *{street}* _____, *{city}* _____,
{state} _____ *{phone}* _____, helped *{name}* _____,
who is the _____petitioner _____respondent fill out this form.