Schedule XIX [See regulations 51(2) and 55(1)]

CONSENT FOR THE PURPOSE OF RELATIVE ADOPTION

Biological Father

A. I/We the undersigned have read the following statements carefully and I/we have information about the effects of my/our consent and I/we am/are making the statement without coercion or threat and without receiving any payment or compensation of any kind.

Biological Mother

Family name:	Family name:			
First name:	First name:			
Date of birth: daymonthyear	Date of birth: daymonthyear			
Permanent	Permanent			
Address:	Address:			
I/We				
(i) hereby terminate the natural relation	onship with the child.			
(ii) understand that the adoption of thi parent-child relationship with the ac	s child will create a permanent and legal doptive parent(s).			
(iii) certify that the child has given his willing to accept our relative as adop	/her consent for the said adoption and otive parents (wherever applicable).			
(iv) certify that our consent has not bee of any kind.	en induced by payment or compensation			
	adoption with our relative falling under Juvenile Justice (Care and Protection of			
Family name of the child:				
Sex: male [] female []				
Date of birth: daymonthyear				
Place of birth:				
Address:				
I/We declare that I/we have fully unders	stood the above statements.			
Signed at on				
(Signature or Thumb Impression of the biological parent(s))				
Biological Father	Biological Mother			

Note :- Death Certificate of the biologic not alive.	al parent to be attached in case he/she is	
B. Consent of the child, if he has	completed five years of age	
Countersigned by	y Biological Parent(s)	
C. Prospective Adoptive Parent(s)	Adopting the Child/Children	
Adoptive Father	Adoptive Mother	
Family name: First name(s):	Family name:	
Date of birth: daymonthyear Permanent Address:	Date of birth: daymonth year Permanent Address:	
Pre-adoption relationship with the child:	Pre-adoption relationship with the child:	
I/We, the undersigned:		
give my/our consent to adopt the child/children mentioned at part A above, out of my/our free will.		
i) understand that the adoption of the child/children will create a permanent and legal parent-child relationship with me/us with all the rights and duties associated with such relationship.		
ii) declare that I/we have fully understood the above statements.		
Signed aton		
(Signature or Thumb Impression o	of the prospective adoptive parent(s))	
Adoptive Father	Adoptive Mother	
Photograph of biological Photograph of parents	of child Photograph of prospective adoptive parents	

D.	I/We the undersigned have witnessed the above.
(a)	Signature, Name and Address of the first Witness with ID proof
(b)	Signature, Name and Address of the second Witness with ID proof
Signe	ed at on
	ographs of the child/children to be adopted, the biological and attested in)