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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 TypedMy 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) |