

Consent by a Guardian to Adoption
Adoption of a Child Placed by a Licensed Adoption Agency

In the Court of Queen's Bench of Alberta
Judicial Centre of _____

In the Matter of the *Child, Youth and Family Enhancement Act*, Section 59

1 Regarding the child _____
Name as on birth document _____, born _____
Date (yyyy-mm-dd)

2 **Consent**

My name is _____
Name in full

My address is _____
Full mailing address

I know that _____
Name(s) of adopting parent(s) in full

of _____
Full mailing address

are applying to the Court for an adoption order regarding this child.

- A caseworker/lawyer has explained to me what an adoption order means.
- I understand that the order will end all my rights and responsibilities regarding the child.

I have been told about the options available to me for planning for the child and I know I can get counselling regarding the following options:

- I may choose to parent the child.
- I may choose to place the child for adoption using the services of a licensed adoption agency.
- I may choose to place the child for adoption directly with a family member, or any other person known to me.
- I may choose to place the child for adoption using the services of Alberta Human Services.

I am a guardian of the child. I understand that once I sign this consent the applicants become joint guardians of the child with me until an adoption order is granted.

OR I was a guardian before the applicant became the sole guardian of the child.

I want to be served with the adoption application.

OR I do not want to be served with the adoption application.

I want to be served with a Notice of Adoption Hearing (if a hearing is held because another party filed a Notice of Objection.)

OR I do not want to be served with a Notice of Adoption Hearing.

- I consent to the adoption order.
- I understand that I may cancel this consent within 10 days of signing it by giving a written notice to a caseworker (these can be provided in person or by fax to Adoption Services at 780-427-2048).

Signature of director's delegate or lawyer Date (yyyy/mm/dd) _____
Guardian's signature

Name of director's delegate or lawyer (Print) _____
Name of Guardian (Print)

3 **Affidavit of Execution of a director or a lawyer**

My name is _____
Director's delegate or lawyer's name in full

My address is _____
Business address

I make oath and say that:

I have the authority to act for a director. **OR** I am a lawyer.

1. I am satisfied that:

- the guardian has the capability to understand and appreciate the nature and consequences of the consent;
- the guardian is informed about the nature and consequences of the consent;
- the consent represents what the guardian wants.

2. I witnessed the guardian sign the consent form.

Sworn before me at _____
City or town
in the province of Alberta on _____
Date (yyyy-mm-dd)

Signature of director's delegate or lawyer

Stamp of Commissioner for Oaths

Signature of Notary Public, Commissioner for Oaths in and for the Province of Alberta