Form 159
(Rev. 06/10)

The Family Court of the State of Delaware

In and For ☐ New Castle ☐ Kent ☐ Sussex County

In the Matter of:

_____

_____ (D.O.B)

File No.: _____

AFFIDAVIT OF CONSENT OF CHILD 14 YEARS OF AGE or OLDER

I, _____, hereby give my consent for _____ _____to adopt me. I am 14 years of age or older.

_____ _____
Date Consenting Party

_____
Affiant

Sworn to subscribed before me this _____ day of _____, _____

_____ _____
Clerk of Court/Notary Public Date