

DPP-215
Rev. 10-2021

Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Community Based Services

CONSENT TO ADOPTION

BE IT KNOWN by these present that _____ have petitioned the court to adopt _____ born on _____ as shown on birth certificate number _____ ; and that said child is a ward of the state as termination of parental rights (TPR) was entered on _____ by order of _____ circuit court and it appearing that said child was placed in the adoptive home of _____ , who resides at _____ and it further appearing that the adoption of _____ by _____ would be in the best interests of said child:

NOW THEREFORE, by the authority vested in me by the Cabinet for Health and Family Services, Commonwealth of Kentucky, I, _____, do hereby approve and consent to the adoption of _____ by _____ relinquishing legal custody to said child in event the adoption of said child is ordered and adjudged according to the procedures provided by law.

WITNESS MY HAND, This _____ day of _____, _____.

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Family Services Office Supervisor
Cabinet for Health and Family Services