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| ONTARIO | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  | Court File Number | | |
| (Name of court) | | | | | | | | | | | | | | Form 34B: Non-Parent’s Consent to Adoption by Spouse | | |
| at | |  | | | | | | | | | | | | | |
|  | | Court office address | | | | | | | | | | | | | |
| **Applicant(s)** *(The first letter of the applicant’s surname may be used)* | | | | | | | | | | | | | | | | | | | |
| *Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).* | | | | | | | | | |  | *Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).* | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | |
| **Respondent(s)** *(If there is a respondent, the first letter of the respondent’s surname may be used)* | | | | | | | | | | | | | | | | | | | |
| *Full legal name & address for service — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).* | | | | | | | | | |  | *Lawyer’s name & address — street & number, municipality, postal code, telephone & fax numbers and e-mail address (if any).* | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | |
| **1.** | | | My name is *(full legal name)* |  | | | | | | | | | | | | | | | |
|  | | and I live in *(municipality & province)* | | |  | | | | | | | | | | | | | |
| **2.** | | The applicant is my “spouse” within the meaning of Part VIII of the *Child, Youth and Family Services Act, 2017.* | | | | | | | | | | | | | | | | |
| 3. | | I am not a “parent” of the child in this case within the meaning of Part VIII of the *Child, Youth and Family Services Act, 2017.* | | | | | | | | | | | | | | | | |
| **4.** | | I consent to the adoption of: *(Give full legal name, date of birth, sex and birth registration number if known of person to be adopted. If this person is in extended society care or was placed for adoption by a licensee or children’s aid society, you may use an initial for the surname.)* | | | | | | | | | | | | | | | | |
|  | | | |  | |  | | | | | |  | |  | | |  |  |
| *Full legal name* | | | | *Date of birth* | | | | | | *Sex* | | | *Birth registration number* |
|  | | by my spouse *(spouse’s full legal name)* | | | | |  | | | | | | | | | | | |
|  | | | | | | | |  | | |  | | | | | | | |
| *Date of signatures* | | | | | | | |  | | | *Signature of non-parent* | | | | | | | |
|  | | | | | | | |  | | |  | | | | | | | |
|  | | | | | | | |  | | | | | | | |
|  | | | | | | | |  | | | *Signature of independent lawyer* | | | | | | | |
|  | | | | | | | |  | | |  | | | | | | | |
|  | | | | | | | | | | | | | | **NOTE:** This consent must be witnessed by an independent lawyer who is to provide an affidavit of execution and independent legal advice on the next sheet of this form. | | | | | |

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| **Form 34B:** | Non-Parent’s Consent to Adoption by Spouse | **(page 2)** | Court File Number |
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| AFFIDAVIT OF EXECUTION AND INDEPENDENT LEGAL ADVICE | | | | | | | | | | | | | | | |
| **My name is** *(full legal name)* | | | | | | |  | | | | | | | |  |
| **and I swear/affirm that the following is true:** | | | | | | | | | | | | | | | |
|  | | **1.** | I am a member of the Bar of *(name of jurisdiction)* | | | | | | |  | | | | |  |
|  | and I am not acting for any other person in this adoption case. | | | | | | | | | | | | |
| **2.** | I explained to *(non-parent’s full legal name)* | | | | | |  | | | | | about | |
|  | | | |  | the nature and effect of adoption under the law of Ontario; | | | | | | | | | | |
|  | the nature and effect of this consent; | | | | | | | | | | |
|  | the circumstances under which this consent may be withdrawn; and | | | | | | | | | | |
|  | the right to counselling. | | | | | | | | | | |
|  | | **3.** | After my explanation, he/she told me that he/she wanted to sign this consent. | | | | | | | | | | | | |
| **4.** | I was present at and witnessed the signing of this consent. | | | | | | | | | | | | |
| Sworn/Affirmed before me at | | | | |  | | | | | |  |  |  | | |
|  | | | | | *municipality* | | | | | | *Signature* | | |
| in |  | | | | | | | | | |  | | |
|  | province, state or country | | | | | | | | | | *(This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)* | | |
| on |  | | | | |  | |  | | |
|  | *date* | | | | | *Commissioner for taking affidavits*  *(Type or print name below if signature is illegible.)* | | |
|  | | |