FORM 15

(Family Services Act, S.N.B. 1980, c.F-2.2, s.76(6))

	Court File Number		
IN THE COURT OF QUEEN'S BENCH OF NEW BR	UNSWICK		
FAMILY DIVISION			
JUDICIAL DISTRICT OF			
GENERAL CONSENT T	O ADOPTION - PARENT		
	CHILD:		
	(given name(s) of child and initial letter		
	(birthdate)	(sex)	
	(place of bi	rth)	
		(birth registration number)	
I,	_	_	
I am a parent of the child within the meaning of the Fam	illy Services Act by virtue of being		
(specify the circumstances una	er which parentage is claimed.)		
DATED at , this	day of	., 20	
(signature of witness)	(signature of parer		
85-17; 88-189			