## FORM 16

## (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 BI	RUNSWICK
FAMILY DIVISION	
JUDICIAL DISTRICT OF	
SPECIFIC CONSENT T	O ADOPTION - MINISTER
	CHILD:
	(given name(s) of child and initial letter of surname (the "child"))
	(birthdate) (sex)
	(place of birth)
	(birth registration number)
I,	, am an appropriate person authorized by the as Act to consent to adoptions.
I have been informed of, or have an understanding of, ations.	all aspects of an adoption order and its reasonable implica-
	agreement (order) on (date)
I consent to the adoption of the child by	(name(s) of proposed adoptive parent(s))
and I hereby verify that no notice of revocation of the stated time limit (or no termination of the Guardianshi	ne Guardianship Agreement has been received within the
DATED at, this	day of, 20
(signature of witness)  85-17: 88-189: 2000 c 26 s 115: 2008 c 6 s 18: 2	(signature of appropriate person)