FORM 17

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

| | Court File Num | ber | |
|---|--|-----------------------------|--|
| IN THE COURT OF QUEEN'S BENCH OF NE | W BRUNSWICK | | |
| FAMILY DIVISION | | | |
| JUDICIAL DISTRICT OF | ••• | | |
| SPECIFIC CONS | ENT TO ADOPTION - CHILD | | |
| | CHILD: | | |
| | (given name(s) of child and initial lette | | |
| | (birthdate) | (sex) | |
| | (place of bir | rth) | |
| | | (birth registration number) | |
| I, | der and its reasonable implications, conse | nt to my adoption by | |
| | prospective adopting parent(s)) | | |
| I consent to my name after the adoption being | (full name after adoption) | | |
| DATED at , this | day of | ., 20 | |
| (signature of witness) 85-17; 88-189 | (signature of child | | |