



STATE OF RHODE ISLAND JUDICIARY

FAMILY COURT

ADOPTION PETITION (A child under eighteen (18) years of age)

JUVENILE NUMBER	DATE FILED	PETITION NUMBER		
PETITIONER NAME: (LAST, FIRST, MIDDLE)	DATE OF BIRTH/AGE	RACE	RELATIONSHIP TO JUVENILE	
ADDRESS (IF DIFFERENT FROM JUVENILE'S ADDRESS)				TELEPHONE NUMBER
PETITIONER NAME: (LAST, FIRST, MIDDLE)	DATE OF BIRTH/AGE	RACE	RELATIONSHIP TO JUVENILE	
ADDRESS (IF DIFFERENT FROM JUVENILE'S ADDRESS)				TELEPHONE NUMBER
JUVENILE NAME: (LAST, FIRST, MIDDLE)	DATE OF BIRTH/AGE	RACE	SEX	CHILD HAS RESIDED WITH PETITIONER(S) SINCE (DATE)
ADDRESS	NUMBER	STREET	CITY	STATE ZIP CODE TELEPHONE NUMBER
PARENT, GUARDIAN, ETC. (LAST, FIRST, MIDDLE)	DATE OF BIRTH/AGE	RELATIONSHIP TO JUVENILE		
ADDRESS (IF DIFFERENT FROM JUVENILE'S ADDRESS) (OR DATE OF DEATH)				TELEPHONE NUMBER
PARENT, GUARDIAN, ETC. (LAST, FIRST, MIDDLE)	DATE OF BIRTH/AGE	RELATIONSHIP TO JUVENILE		
ADDRESS (IF DIFFERENT FROM JUVENILE'S ADDRESS) (OR DATE OF DEATH)				TELEPHONE NUMBER
ATTORNEY'S NAME	ADDRESS	BAR NUMBER	TELEPHONE NUMBER	

The above-named petitioner(s) aver they are desirous of adopting the above-named child who has resided with said petitioner(s) as indicated above; that said parent(s)/guardian(s) of said child are as listed above; that

Wherefore, petitioner(s) pray for leave to adopt said child as their child and pray that said child's name to be changed to:

_____	_____	_____
FIRST	MIDDLE	LAST
Witness: _____	_____	_____
_____	DATE	PETITIONER
_____	_____	DATE
Witness: _____	_____	_____
_____	DATE	PETITIONER
_____	_____	DATE
The undersigned _____ and _____ of said child hereby consent(s) to said adoption.		
Witness: _____	_____	_____
_____	DATE	PARENT, GUARDIAN, ETC.
_____	_____	DATE
Witness: _____	_____	_____
_____	DATE	PARENT, GUARDIAN, ETC.
_____	_____	DATE
I, the above-named child, being of the age of fourteen (14) years and upwards, hereby consent to said adoption.		
Witness: _____	_____	_____
_____	DATE	CHILD
_____	_____	DATE