

Commonwealth of Massachusetts

The Trial Court

Probate and Family Court Department

Middlesex Division

Docket No. _____

**Affidavit of Petitioner for Adoption
M.G.L. c. 210, § 6**

MOTHER

FATHER

(PRINT name of petitioner, including maiden name)

(PRINT name of petitioner)

(street address)

(street address)

(city or town/state/zip code)

(city or town/state/zip code)

(telephone number)

(telephone number)

(date of birth)

(date of birth)

(place of birth: city/town, state, county, country)

(place of birth: city/town, state, county, country)

(occupation at the time of adoption)

(occupation at the time of adoption)

I (We) hereby request that a certificate of this adoption be sent to the city or town clerk of the place of the birth of the child and that the clerk of the records amend the birth certificate of the child to reflect this adoption.

SIGNATURE OF MOTHER

SIGNATURE OF FATHER

NOTARIZATION

The above signed made oath before me on _____
(date)

The above signed made oath before me on _____
(date)

that this affidavit is her free act and deed.

that this affidavit is his free act and deed.

Notary Public _____

Notary Public _____

Print Name _____

Print Name _____

My Commission Expires _____

My Commission Expires _____