

FORM 20

(Child and Youth Well-Being Act, S.N.B., 2022, c.35, s.91(6))

Court File Number

IN THE COURT OF KING’S BENCH OF NEW BRUNSWICK
FAMILY DIVISION
JUDICIAL DISTRICT OF

CONSENT TO ADOPTION - MINISTER OF SOCIAL DEVELOPMENT

Name of child or youth:

Date of birth: Birth registration number:

I, (full name), am a person authorized by the Minister under subsection 12(1) of the *Child and Youth Well-Being Act* to consent to adoptions.

I have been informed of, or have an understanding of, all aspects of an Adoption Order and its reasonable implications. The above-named child/youth became a child/youth under the Minister’s care under a Guardianship Agreement or Guardianship Order on (date)

I consent to the adoption of the above-named child/youth by (name(s) of prospective adoptive parent(s))
.....,
and I hereby confirm that no notice of revocation of the Guardianship Agreement has been received within the stated time limit, that the Guardianship Agreement has not been terminated and that the Guardianship Order has not expired.

DATED at, this day of, 20....

.....
(signature of witness)

.....
(signature of person giving consent)