Case Number:

Your name: _____

Declaration Confirming Parentage in Stepparent Adoption: Gestational Surrogacy

☐ This form is attached to form ADOPT-200 (*Adoption Request).*

This optional form may be attached to the form ADOPT-200 if the adopting parent was married to or in a state-registered domestic partnership or equivalent civil union with the parent who established parentage through a gestational surrogacy process. You may instead attach a declaration in another format containing substantially the same information. The legal parent through surrogacy and the adopting parent must complete separate declarations.

1 I *(write your name)* _____ declare as follows:

2 Relationship between the legal parent and the adopting parent seeking to confirm parentage *(check one):*

a. ☐ I am the parent of a child born through a gestational surrogacy process. Only my parentage was established through the Uniform Parentage Act or another proceeding related to the surrogacy. Before the birth of the child, I married, or entered into a state-registered domestic partnership (including a domestic partnership or civil union from out-of-state that is legally equivalent to a marriage) with, the adopting parent who is seeking to confirm parentage, *(name)* _____ , and we remain in that union.

b. ☐ I am the adopting parent seeking to confirm parentage. Before the birth of the child, I married, or entered into a state-registered domestic partnership (including a domestic partnership or civil union from out-of-state that is legally equivalent to a marriage) with, the parent whose parentage has been established for a child born through a gestational surrogacy process, *(name)* _____, and we remain in that union.

3 We were married/registered as domestic partners on *(date you entered into your earliest union)* _____, before our child was born. A copy of our marriage certificate, registered domestic partner certificate, or certificate of out-of-state domestic partnership or civil union is attached.

4 Our child *(name of child to be adopted)* _____ was born on *(date)* _____ outside of the state of California. A copy of our child's birth certificate is attached.

5 ☐ Our child was conceived through a gestational surrogacy process. (*Describe how your child was conceived.)*

_____

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_____

Your name: _____

Case Number:

6 ☐ *If there are any other persons who are or may be the child's parents, describe these persons' relationship to the child, including their names, the ways in which these persons act as parents to the child, and whether these persons consent to the adoption:* _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ _____ ▶ _____

Type or print your name *Sign your name*

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form **Save this form** **Clear this form**