

WITNESSED BY:

WITNESSED BY:

(Name)

(Name)

(Address)

(Address)

(Relationship to consentor)

(Relationship to consentor)

**COMMONWEALTH OF PENNSYLVANIA
COUNTY OF LACKAWANNA**

I, _____, BEING DULY SWORN ACCORDING TO LAW, DESPOSE(S) AND SAY(S) THAT THE FACTS SET FORTH IN THE FORGOING CONSENT OF PARENT(S) TO THE ADOPTION OF THE SAID CHILD UNDER THE AGE OF EIGHTEEN YEARS ARE TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

(Consentor)

Sworn to and subscribed before me

This _____ day of _____, 20_____

(Notary signature & seal)