## Request Form to 'Give Notice' to the Non Custodial Parent Where a Child Over 12 Years is Consenting to their own Adoption

Name of Child to be adopted:					
Names of Proposed Adoptive Parents		Male		Female	
Surname:					
Given Name(s):					
Home Address:				Postcode:	
Postal Address:				Postcode:	
Non-Custodial Birth Parent to Notify		Male		Female	
Surname:					
Given Name(s):					
Home Address:	ne Address:			Postcode:	
Postal Address:				Postcode:	
Date Consent given by Child to his/her adoption:					
Court Proceedings Number (provided by Supreme Court):					
Date application file					
Please email above information to					

Adoption.PermanentCare@facs.nsw.gov.au

or fax to 9716 3001