

**Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department**

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 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

The above signed made oath before me on

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(date)

that this affidavit is her free act and deed.

that this affidavit is her free act and deed.

Notary Public \_\_\_\_\_

Notary Public \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_