

MARYLAND CONSENT OF DONOR TO ADOPTION

My name is FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_ .

- 1. My date of birth is \_\_\_\_\_. I am over eighteen and competent to attest to the facts and my consent as detailed herein.
2. I am the known gamete (sperm) donor for the Child to be born to \_\_\_\_\_ and \_\_\_\_\_. (insert parents' first, middle, and last names here)
3. Pursuant to Maryland Family Law 5-1001, I acknowledge that I am not a parent of this Child. \_\_\_\_\_ (initial)
4. Notwithstanding Maryland Family Law §5-1001, I am required by Maryland Family Law § 5-3B-27 (D)(2), to consent to an adoption of a child conceived with my donated sperm even though I have no parental rights to the Child.
5. I knowingly, voluntarily, and of my own free will, consent to the adoption of any Child born with my donated sperm by the persons listed in paragraph 2 who are known to me as \_\_\_\_\_ and \_\_\_\_\_ and who are or will be the Child's legal parents under the law. By this written consent, I acknowledge that I do not need to be served with any show cause order as part of any proceeding for adoption under § 5-3B-27 of the Family Law Article by the child's legal parents. \_\_\_\_\_ (initial)

I solemnly affirm under the penalties of perjury that the contents of this consent form are based upon my personal knowledge and are true.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Donor)  
(Printed Name)  
(Address)  
(City, State, Zip Code)  
(Telephone Number)

Non-parent Witness:

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness Printed Name)  
(Address)  
(City, State, Zip Code)  
(Telephone Number)