

**REPUBLIC OF ZAMBIA  
IN THE HIGH COURT FOR ZAMBIA  
FAMILY AND CHILDREN'S DIVISION**

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**LETTER OF CONSENT FOR ADOPTION / GUARDIANSHIP**

(Under the Adoption Act, Cap. 54 and the Juveniles Act, Cap. 53 of the Laws of Zambia)

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**TO WHOM IT MAY CONCERN**

I, the undersigned, do hereby declare and confirm that I am the biological  parent /  legal guardian of the minor child named below:

CHILD'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

RELATIONSHIP TO ME: \_\_\_\_\_

I hereby give my full and informed consent for the above-named child to be:

Adopted by: \_\_\_\_\_

Placed under legal guardianship of: \_\_\_\_\_

of the following address: \_\_\_\_\_

This consent is granted voluntarily and without coercion, inducement, or promise of any monetary or other consideration, and I fully understand the legal implications of my decision.

## DECLARATIONS

WHEREAS, I have been advised of and understand my legal rights and obligations as a biological parent/legal guardian under the laws of the Republic of Zambia;

NOW THEREFORE, I confirm that:

1. I have freely and willingly agreed to the adoption/guardianship of the child mentioned above.
2. I am mentally sound and of legal capacity to provide this consent.
3. There is no legal bar, pending litigation, or custodial dispute over the said child.
4. I understand that upon issuance of an adoption order (if applicable), my parental rights and responsibilities may be fully or partially terminated in accordance with Zambian law.
5. I reserve the right to withdraw this consent prior to the issuance of any adoption/guardianship order by the High Court.

## CONFIDENTIALITY

All details herein are to remain confidential and are to be used solely for the lawful processing of adoption/guardianship applications in compliance with the Adoption Act, Cap. 54.

SIGNED at \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, 20.

# PC | LP

## SIGNATURE

Name: \_\_\_\_\_

NRC/Passport No.: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_

## WITNESSED BY

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp (if applicable): \_\_\_\_\_