ATTORNEY OR PARTY WITHOUT ATTORNEY	TELEPHONE NO.	FOR COURT USE ONLY
ATTORNEY FOR (Name)		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS:		
MAILING ADDRESS:		
CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF:		
RESPONDENT/DEFENDANT:		
		CASE NUMBER
PETITION FOR AUTHORIZ		
ADOPTION AND BIRTH REC	ORD INFORMATION	
I,	, declare as follows:	
1 Managaria		
1. My name is:		
2. My permanent residence is:		
My telephone number is:		
3. I was born on	(date), and am now	years of age.
4 T 10 1 11 11 11 11 T	1 11	
4a. I am informed and believe that I v	was adopted by:	and
	on or about	
in the court of	-or-	<u>.</u>
	01-	.
4b. I am informed that an adoption p	roceeding relating to (adopte	ee)
was completed in the county of _		State of California.
On or about (date):	by:	
and	adoptive petitioner:	

				Petitioner::Case No:	
person for the follo	owing reasons			pies of the records relating to the na	
(Civil Code §229.)	_			necessitous):	
(If additional spa	ce is required, atta	ch a separate sheet) (Item 6 sha	ll be completed by the Court Clerk)	
				al birth record for the following rea	
(If additional space i	<u> </u>	a separate sheet) (It		all be completed by the Court Clerk for)r
WHEREFORE, I reque Safety Code §102705 v				ivil Code §229.10 and/or Health and occeeding.	
Date:					
(Signature of	requestor)				
STATE OF CALIFOR	NIA)	VERIFICATIO	ON		
COUNTY OF)				
-	my own knowledg	ge, except as to thos	e matters wh	and know the contents thereof; I decl nich are therein stated upon my	are
I declare under penalty	of perjury that the	foregoing is true a	nd correct.		
Dated this	day of		_20	, at	
California.					
(Signed)				

SUBI	MIT AS FOLLOWS:					
Original and Duplicate for 5a (Court File only) FC§9203						
Origi	Original and 2 copies for 5b (Information and records which may not be on record in court file) H&S§102705					
Applicable for 5a only court file only (FC§9203)						
		COU	JRT ORDER			
		_	tition ORDERS the Clerk to furnish Petitioner with a ent of any fees required by law:			
	Dated:					
			JUDGE OF THE SUPERIOR COURT			
(For i	information and reco	ords pursuant to H&S§102° ENT OF SOCIAL SERVIC -67				
,	The original of the al	pove petition was filed in the	ne office for the undersigned on:			
]	Please comply with the provisions of section 102705 of the Health and Safety Code.					
_	Executive Officer/Clerk of the Superior Court, State of California, County of					
-	Dated:	By:	, Deputy Clerk			
	Clerk's notation: Co	by transmitted to the State I	Department of Social Services on: Petitioner:			
			Case No:			

Petitioner: ______Case No: _____

Attached hereto are the records received by the undersigned from the State Department of Social Services after transmission of a copy of the above verified petition to said department.					
Executive Officer/Clerk of the Superior Court, State of California, County of					
Dated:	By:	, Deputy Clerk			
6. <u>APPLICABLE ONLY AFTER</u> THE CO SOCIAL SERVICES.	URT HAS REVIEWED SAI	ID RECORDS RECEIVED FROM			
COURT ORDER					
The Court having reviewed all of the attached records received from the State Department of Social Service and the foregoing verified petition and finding that good and compelling cause exists, now makes the following ORDER:					
The Bureau of Vital Statistics shall furnish Petitioner with a copy of the original birth record upon					

JUDGE OF THE SUPERIOR COURT

DISTRIBUTION: Original – Court File

payment of the fee required by law.

Dated: _____

Duplicate – Petitioner

Judge of the Superior Court (Adoption Proceeding)

Duplicate – State Department of Social Services