ATTORNE	Y OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY		
TELEPHO EMAIL AC				
	IOR COURT OF CALIFORNIA, COUNTY OF			
STREET A	DDRESS:			
	ADDRESS: ZIP CODE:			
BRANCH				
IN THE	MATTER OF:			
	PETITION TO OBTAIN ORIGINAL UNSEALED/UN-REDACTED BIRTH CERTIFICATE	CASE NUMBER:		
To requ	est a copy of original birth certificate, complete this form and attach a copy	of a valid photo identification or driver license		
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1.	Petitioner's name and permanent residence address:			
2.	Adoptee's date of birth and current age:			
3.	Adoptee's place of birth (city and state):			
4.	Provide the following information:			
	a) Name of adoptive parents:			
	b) Place of adoption (county in California):			
	c) Date of adoption:			
5.	I request permission to obtain a copy of original birth certificate of the named person for the following reasons:			
6.	Relationship to adopted individual:			

e of Case:		Case Number:	
	VERIFICATION		
VERIFICATION			
I am the petitioner in the above matter. I have read the foregoing Petition and know the contents thereo declare that the same is true of my own knowledge, except as to those matters which are therein stated my information and belief, and as to those matters I believe them to be true.			
I declare under penalty of perjury u	under the laws of the State	of California that the foregoing is true and correct	
Executed on	at		
Print Name	 Signa	ture	