

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO: _____ FAX NO.: _____ E-MAIL ADDRESS (<i>optional</i>): _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA Juvenile Division 200 South G Street Madera, CA 93637	
In the Matter of the Petition of Adoption of:	
PETITION TO OBTAIN ORIGINAL UNSEALED/UNREDACTED BIRTH CERTIFICATE	CASE NUMBER:

(This Petition is to only be used if your adoption was a Step Parent or Adult Adoption)

I am the Petitioner and submit the following:

1. My name is: _____.
2. My mailing address is: _____.
3. My residence address is: _____ County of: _____.
4. My telephone number is: _____.
5. My birth date is: _____.
6. I am now _____ years old.
7. Relationship to adoptee/adoptive parents: _____
8. I am informed that an adoption proceeding related to _____ (*adoptee*) was completed in the County of Madera, on or about _____ by _____ (*adopting parents*).

10. I request the court to order the Office of Vital Records, Department of Health Services to unseal the original birth certificate of the above referenced adoptee, on which the names of the birth parents are stated.

Explain in detail all reasons for your request. Attach additional pages if necessary.

11. Attached is a copy of a government issued current photographic identification card of the petitioner.

Date: _____

(Signature of Petitioner)

VERIFICATION

I am the petitioner in the above matter. I have read this petition and I know and understand what it states. I declare that the petition is true based upon my own personal knowledge, except as to those matters where it is stated to be based upon my information and belief, and as to those matters, I believe them to be true.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Date: _____

(Signature of Petitioner)