ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address):	FOR COURT USE ONLY
TELEPHONE NO.: EMAIL ADDRESS: ATTORNEY FOR:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN JOAQUIN 180 East Weber Avenue, Suite #413 Stockton, CA 95202	
IN THE MATTER OF THE PETITION OF: _____	
PETITION TO OBTAIN ORIGINAL UNSEALED AND UNREDACTED BIRTH CERTIFICATE	CASE NUMBER:

To request a copy of original birth certificate, complete this form and attach a copy of a valid photo identification or driver's license.

I, _____, am the Petitioner in the above-entitled matter and declare as follows:

1. My permanent residence address is:_____, in the City of _____, County of _____, State of California.

2. a. ☐ I am the adoptee.

   b. ☐ I am related to the adoptee as_____
   (explain relationship to adoptee)

3. San Joaquin County is ☐ the residence of the adoptee OR ☐ the county wherein the Order of Adoption was granted.

4. The adoptee's date of birth is _____ *(day, month, year)* and place of birth is_____ *(city, state)*.

5. ☐ I ☐ the adoptee was adopted by _____ *(name of adoptive parents)*,

   on or about _____ *(day, month, year)*, in the City of _____, County of _____,

   State of _____.

6. I respectfully request permission to obtain a copy of the original birth certificate of the named adoptee for the following reasons *(set forth good and compelling reasons or good cause approaching the necessitous)*:

   _____

   _____

   _____

   _____

   _____

   ☐ *See attachment #6, attached hereto.*

7. Attached is the VS-111 and a check made payable to CDPH Vital Records.

VERIFICATION

I am the Petitioner in the above matter. I have read the foregoing Petition and know the contents thereof. I declare that the same is true of my own knowledge, except as to those matters which are therein stated upon my information and believe, 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 foregoing is true and correct.

Executed on _____, at _____
(date) *(city, state)*

_____ _____
(Print Name of Petitioner) *(Signature of Petitioner)*