

Superior Court of California, County of San Mateo
Adoption Division
222 Paul Scannell Drive
San Mateo, CA 94402
650-261-5100 (#8)

Petitioner's Name:

Relationship to Adoptee/Adoptive Parents:

Address:

Phone:

Email Address:

Type of Adoption

Stepparent Independent County Agency Adult

Adoptee Name:

Adoptee Date of Birth:

Adopted mother's name:

Adopted father's name:

Approximate month, day and year adoption finalized:

Reason for wanting to inspect the file, be specific: (attach additional pages if needed)

I understand that name(s) the birth parent(s) and ANY information that might identify the birth family shall be redacted.

Date: _____ Signature: _____

See attachments