TELEPHONE NO: FAX NO.(Optional): ATTORNEY FOR (Name):	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, Address)	Reserved for Clerk's Office Stamp			
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO Youth Services Center, Juvenile Court 222 Paul Scannell Drive San Mateo, CA 94402 IN RE: REQUEST TO OBTAIN INFORMATION FROM ORIGINAL BIRTH RECORD ADOPTEE – HEALTH AND SAFETY CODE SECTION 102075 My name is: Date of birth: Phone number: Date of birth: Phone number: Email Address: I am informed and believe that I was adopted by: Mother (complete first and last name) Father: The adoption took place in (complete first and last name)					
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Address: Email Address: I am informed and believe that I was adopted by: Mother (complete first and last name) Father: The adoption took place in (complete first and last name)	Date of birth: Phone number:				
Email Address:					
I am informed and believe that I was adopted by: Mother	Address:				
I am informed and believe that I was adopted by: Mother	Email Address:				
(complete first and last name) Father: The adoption took place in (complete first and last name)					
(complete first and last name) Father: The adoption took place in (complete first and last name)	I am informed and believe that I was adopted by: Mother				
	(complete first and last	name)			
	Father: The adoption took place in				
the County of on or about (month-date-year)					
(month-date-year)	the County ofon or about				
	(month-date	-year)			
Type of adoption: Step Parent Independent County Agency Adult	Type of adoption: Step Parent Independent County Agency	Adult			
	Please check the box or boxes that apply:				
	Please check the box or boxes that apply:				

- □ I request permission to inspect my original birth record for the reasons set forth in the attached declaration. I understand that if my request is granted the names and addresses of the birth parents or any information that might identify them will be removed from the documents or copies thereof.
- □ I request the court to order the Office of Vital Records, Department of Health Services to unseal the original birth certificate, on which the names of my birth parents are stated. This information is necessary in order to assist me in establishing a legal right as set forth in the attached declaration.

You must attach a detailed declaration stating the reasons for your request. If you checked both boxes above you must provide a separate declaration for each request.

Include a self-addressed stamped envelope if you wish to receive a copy of the final order, standard copy and certification charges will apply.

AFFIDAVIT OF VERIFICATION *

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I am the applicant in the foregoing matter. I have read the foregoing application and know the contents thereof. I certify or declare under penalty of perjury that the foregoing is true and correct.

Print Name		-	S	ignature
Executed this	day of	_20	at	

^{*} If this document is executed outside of the State of California, the affidavit of verification is to be executed before a notary public or other officer authorized to administer oaths.