Attorney or Party without attorney (Name and Address) Telephone No.:	
Attorney for:	
NAME OF COURT: SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA Mailing Address 1515 Court Street, Room 110 Street Address 1515 Court Street, Room 110 Redding, CA 96001 Branch Name: Redding	A
IN THE MATTER OF THE ADOPTION OF:	
PETITION FOR BIRTH RECORD INFORMATION	Case Number: A-
1. Petitioner's name:	Telephone
Petitioner's address: Street:, City	, State, Zip:
2. Child's adopted name: Age now: Place of birth:	
3. I am informed and believe that I was adopted by, State of C OR 4. I am informed that an adoption proceeding relating to (adoptee), State of California, on or about (de adoptive petitioners, State of California).	was ate) by
5. I request permission to inspect (check one): a. \[\subseteq \text{ The entire adoption file but NOT the birth parents' names b. \[\subseteq \text{ The original birth record.} \] c. \[\subseteq \text{ Other:} \]	
6. Explain why you need to inspect the adoption file/birth record:	
If additional space is required, attach separate sheet.	
nily Code §9200(a) states that an adoption file cannot be viewed "except in excroaching the necessitous". nily Code §9200(b) "Upon written request of any party to the proceeding and upon k of the court shall not provide any documents referred to in this section for inspecte of the child's birth parents or any information tending to identify the child's birth eof." lth & Safety Code §102705 states that an adopted child's birth record can only be	n the order of any judge of the superior court, the ction or copying to any other person, unless the h parents is deleted from the documents or copi
WHEREFORE, I request an order of the Court as required by Family Code Sec Section 102705 with respect to the records relating to the above proceeding.	ction 9200 and/or Health and Safety Code
Signed (Petitioner)	

VERIFICATION

	VEKI	FICATION	
STATE OF CALIFORNIA)) ss.		
COUNTY OF SHASTA) 33.		
	except as to those matters who be true. I declare under penal	hich are therein stated upon ty of perjury that the foregoin	
		Signed	
APPLICABLE FOR 5a or 5c			
The Court, having fully conside documents, upon payment of an	ered the verified petition order	RT ORDER s the clerk to furnish Petition	ner with a copy of the following
Dated:			
		Judge of the Superior Cour	
TO BE SENT TO SACRAME			******************
STATE DEPARTMENT OF SO Adoptions Branch 744 P Street M/S 8-12-31 Sacramento, CA 95814	OCIAL SERVICES		
The original of the above petition. Please comply with the provision			
Executive Officer of the Superior	or Court of the State of Califo	rnia, County of Shasta	
Dated:		By:	, Deputy
Clerk's notation: Copy transmit	ted to the State Department of	f Social Services on	·
SUPERIOR COURT JUDGE	:		
Attached hereto are the records of a copy of the above-verified		From the State Department of	Social Services after transmission
Executive Officer of the Superior	or Court of the State of Califo	rnia, County of Shasta	
Dated:	By:		, Deputy
**************************************			**************************************
	COUR	RT ORDER	
	nat good and compelling cau	ise exists, now makes the fo	at of Social Services and the foregoing collowing order: The Bureau of Vital r the fees required by law.
Dated:			
	Judge o	of the Superior Court	