

Name, Address of Petitioner or Attorney  PETITIONER	Telephone No.	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA Street Address: 3055 CLEVELAND AVENUE City and State and Zip Code: SANTA ROSA, CA 95403		
In the Matter of the Petition of:		
PETITION FOR BIRTH RECORD INFORMATION (California Health and Safety Code 102705)		CASE NUMBER:

**THIS FORM IS TO BE USED TO PETITION THE COURT TO INSPECT OR COPY ADOPTION RECORDS MAINTAINED BY THE STATE DEPARTMENT OF SOCIAL SERVICES. DO NOT USE IF YOUR ADOPTION WAS A STEPPARENT ADOPTION.**

Name: \_\_\_\_\_

My Permanent Residence Address is \_\_\_\_\_ in the  
County of \_\_\_\_\_, State of \_\_\_\_\_.

I was born on \_\_\_\_\_ and am now \_\_\_\_\_ years of age.

I am informed and believe that I was adopted by \_\_\_\_\_ and  
\_\_\_\_\_, on or about \_\_\_\_\_, in the County  
of \_\_\_\_\_, State of California.

**OR**

I am informed that an adoption proceeding relating to \_\_\_\_\_ was completed in  
Sonoma County, State of California on or about \_\_\_\_\_, by

\_\_\_\_\_ and \_\_\_\_\_,  
adoptive petitioners. My relation to said persons is as follows (please state relation to adoptee and adoptive  
petitioners): \_\_\_\_\_

\_\_\_\_\_

I request permission to inspect the records and/or obtain copies of records relating to the birth of the named person. The facts that make such an order necessary are:

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I specifically request to be allowed to inspect the following adoption records:

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Pursuant to Health and Safety Code section 102705, I request the release of records relating to the above proceedings.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct to be best of my knowledge and belief.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Petitioner's Signature