Name, Address of Petitioner or Attorney	Telephone N	0.	
PETITIONER			
SUPERIOR COURT OF CALIF	ORNIA, COUNTY OF SONOMA		
Street Address: 3055 CLEVELAN	D AVENUE		
City and State and Zip Code: SANTA	ROSA, CA 95403		
In the Matter of the Petition of:			
PETITION F	OR BIRTH RECORD INFORMATION		CASE NUMBER:
(Cali	fornia Health and Safety Code 102705)		
	D BY THE STATE DEPARTME ON WAS A STEPPARENT ADOP		L SERVICES. DO NOT
RECORDS MAINTAINE			L SERVICES. DO NOT
RECORDS MAINTAINE USE IF YOUR ADOPTION		TION.	L SERVICES. DO NOT
RECORDS MAINTAINE USE IF YOUR ADOPTION Name:	ON WAS A STEPPARENT ADOP	TION.	
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RECORDS MAINTAINE USE IF YOUR ADOPTION Name: My Permanent Residence A County of I was born on	Address is, State of _	TION.	in the now years of age.
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Form Number: FL-094
Effective Date: 6/25/13

PETITION FOR BIRTH RECORD INFORMATION

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