

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, address and telephone #):</i> STATE BAR NO: ATTORNEY FOR <i>(Name):</i>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN 3501 Civic Center Drive P.O. Box 4988 San Rafael, CA 94913-4988	
IN THE MATTER OF THE PETITION OF: TO ESTABLISH THE FACT OF BIRTH OF:	
PETITION TO ESTABLISH FACT OF BIRTH	CASE NUMBER:

1. Petitioner is a beneficially interested person, entitled under section 103450 of the California Health and Safety Code, to judicial establishment of the fact, time and place of the birth of *(name of individual)*:

Petitioner's beneficial interest in the matter herein is based on the following facts and circumstances (state relationship, if any, and other facts and circumstances giving rise to or affecting a beneficial interest

(Attach additional sheets if necessary)

2. A certified copy of the record of birth of (name of individual) _____ is not registered.

3. On *(date)* _____, the birth of *(name of individual)*

occurred in County of _____ State of _____. *(If place of birth is unknown then indicate all of the facts known about the birth including a statement of the probable time and place of birth.)*

Wherefore petitioner prays that a time and place be fixed for the hearing of the petition and that on the hearing of this petition the Court make an order determining that the birth did in fact occur at the time and place by the proofs adduced at said hearing.

(Your name) _____, being duly sworn, deposes and says: That he/she is the petitioner named in the foregoing petition; that he/she has read the foregoing petition and knows the contents thereof; that the same is true of his/her own knowledge except as to the matters which are therein stated upon his/her information or belief, and as to those matters that he/she believes it to be true.

Date: _____

SIGNATURE

Name: _____	Case Number: _____
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**AFFIDAVIT OF BIRTH
PERSONAL AND STATISTICAL PARTICULARS**

Full name of child _____

Date of birth _____

Place of birth _____

Sex of child _____

Full name of father _____

Father's residence at child's birth _____

Father's age at child's birth _____

Father race _____

Father's birthplace _____

Fathers occupation at child's birth _____

Full maiden name of mother _____

Mother's residence at child's birth _____

Mother's age at child's birth _____

Mother race _____

Mother's birthplace _____

Mothers occupation at child's birth _____

I certify that I am the (*state relationship*) _____ of this child who was born on the date above stated.

This affidavit must be notarized or signed before a clerk of the court.

Affiant

Address

Subscribed and sworn before me this
_____ day of _____

KIM TURNER
Court Executive Officer

By _____
DEPUTY