ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.(Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIE CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	EGO , CA 92101
IN THE MATTER OF (NAME):	JUDGE/DEPT.
PETITION TO ESTABLISH FACT OF BIR	TH CASE NUMBER
	·
1. Petitioner (name):	
Is a beneficially interested person, entitled under Health and	Saf. Code 103450 to an order establishing the fact and
the date and place of the birth of the person named in item 3	3.
2. Petitioner's beneficial interest in this matter is $\ \square$ stated below	ow Stated in attachment 2.
3. Petitioner requests the court to establish the birth of:	
a. Name:	Gender: Male Female
b. Father's name:	Mother's name:
c. Date of birth:	Time:
d. Place of birth: City:	County:
	Country:
4. (Check one of the following):	
a. There is no official record of the fact, date, and place	of the birth of the person named in item 3.
b. A certified copy of the official record of the birth of the	·
reasons stated below stated in a	
stated below stated in a	ttaciment 45.
F. The person named in number 2 new resides at lateral address	one eith, county and etate):
5. The person named in number 3 now resides at (street address)	ess, city, county, and state):
	.

IN THE MATTER OF (NAME):	CASE NUMBER
6. Petitioner requests that the court make an order determining to occur on the date and at the place stated in item 3 above, as setablish Fact of Birth (SDSC Form #PR-143), filed herewith,	shown by the Declaration in Support of Petition to
7. Number of pages attached:	
I certify under penalty of perjury under the laws of the State of Ca	alifornia that the foregoing is true and correct.
Date:	Attorney's Signature
Date:	Petitioner's Signature