

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.(Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081	
IN THE MATTER OF (NAME): _____	JUDGE/DEPT. _____
DECLARATION IN SUPPORT OF PETITION TO ESTABLISH FACT OF BIRTH	CASE NUMBER _____

1. Declarant (name), _____, makes the statements in this declaration based on personal knowledge or on the contents of the documents identified in item 5.
2. a. I am at least 18 years of age.
 b. I reside at (street address and city) _____
 County of _____, State of _____.
3. Subject person's name _____
 was born on (date) _____ at approximately (time of birth) _____ ☐ a.m. ☐ p.m.
 to (father's name) _____ and (mother's name) _____,
 in the county of _____, State of _____.
4. Facts showing how, when, and where the person named in item 3 was born and explaining how I have personal knowledge of the birth ☐ are stated in the space below ☐ are stated in Attachment 4 to this declaration.

5. ☐ Attached are true and correct copies of the following documents (check each box that applies):
 - a. ☐ Hospital records dated (date of each): _____
 - b. ☐ Ambulance records dated (date of each): _____
 - c. ☐ Physician's report dated (date of each): _____
 - d. ☐ Witness statements dated (date of each): _____
 - e. ☐ Other documents dated (Describe and give the date of each document): _____

6. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Signature of Declarant