

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, JUVENILE COURT, 2851 MEADOW LARK DR., SAN DIEGO, CA 92123 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 130, VISTA, CA 92081	
IN THE MATTER OF THE PETITION OF _____	
DECLARATION OF BIRTH MOTHER	CASE NUMBER _____

I, _____, declare the following:

I am the biological mother of _____, born on _____ in _____.

I was married to _____ on _____ in _____.

A dissolution of this marriage was final on or about _____. I have not cohabited with _____ since _____.

It is physically impossible for _____ to be the father of _____.

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

Date: _____

 Type or print name

 Signature of Birth Mother