# MADERA COUNTY SUPERIOR COURT STATE OF CALIFORNIA

# PETITION TO OBTAIN ORIGINAL UNSEALED UNREDACTED BIRTH CERTIFICATE PACKET

Read the enclosed instructions carefully before filling out your forms. The attached forms should be typed or completed in blue or black ink, neatly and clearly.

Material prepared and/or distributed by the Superior Court Clerk's Office is intended for informational and educational purposes ONLY. Such material is NOT intended to be and IT IS NOT LEGAL ADVICE as to your specific case. It is not intended to take the place of competent legal advice from an attorney. You are strongly advised to seek the advice of a licensed attorney before starting or completing your case in order to protect valuable legal rights that you may have and of which you may be unaware of. Please contact a competent attorney of your choice. The Clerk's Office cannot give legal advice.

Revised 04/15/2020

# INFORMATION SHEET FOR PETITION TO OBTAIN ORIGINAL UNSEALED/UNREDACTED BIRTH CERTIFICATE

## **IMPORTANT INFORMATION!**

### (This Petition is to <u>only</u> be used if your adoption was a Step Parent or Adult Adoption)

FILING FEE:	<ul> <li>There is no fee if the case number is known. If the case number is not known, there will be a \$15.00 index search for case number. You must complete form "MAD-JUV-001 Request for Records Search" if the case number is not known.</li> <li>The following must be provided if copies are requested by mail:</li> <li>A check made payable to "Madera Superior Court." <u>Print your Driver's License number and expiration date on the check</u>. Print "Not to exceed \$30.00" in the lover left-hand corner in the memo line of your check. If the amount submitted is not sufficient to cover the costs, the Court will contact you by mail or phone to obtain the correct amount.</li> </ul>
FORMS:	<ul> <li>MAD-JUV-009: Petition to Obtain Original Unsealed/Unredacted Birth Certificate</li> <li>MAD-JUV-010: Order to Obtain Original Unsealed/Un-Redacted Birth Certificate</li> <li>VS-111: Application for Certified Copy of Birth Record</li> </ul>
COPIES:	Make <u>One (1) copy</u> of each of the above forms after you complete them.
FILING:	All forms must be typewritten or printed in blue or black ink. (California Rules of Court, Rule 2.100-2.119) You may drop off your documents in person or you may mail your documents to: Madera Superior Court- Juvenile Division 200 South G Street Madera, CA 93637

PROCESS:							
PROCESS:	1. File an original and 1 copy of the " <b>MAD-JUV-009</b> : Petition to Obtain Original Unsealed/Unredacted Birth Certificate" and " <b>MAD-JUV-010</b> : Order to Obtain Original Unsealed/Un-Redacted Birth Certificate".						
	2. Petitioner must provide proper identification, such as a driver's license or an identification card with a picture. If information is requested through the mail, a notarized signature will suffice as identification.						
	The legal clerk will forward your Petition to the Judge.						
	<ul> <li>If your Petition is granted the legal clerk will provide you with a certified copy of the MAD-JUV-0010: Order to Obtain Original Unsealed/Un-Redacted Birth Certificate"</li> </ul>						
	• Thereafter, to obtain a copy of your pre-adoption birth certificate, you must provide the certified copy of the Order and the " <b>VS-111:</b> Application for Certified Copy of Birth Record," which is attached, and the required fee to Vital Records.						
	3. If the court chooses to not grant the request, he will mark the order not granted.						

	MAD-JUV-009
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and at	ddress): FOR COURT USE ONLY
TELEPHONE NO: FAX NO.: E-MAIL ADDRESS (optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUN	TY OF MADERA
Juvenile Division	
200 South G Street Madera, CA 93637	
In the Matter of the Petition of Adoption of:	
PETITION TO OBTAIN ORIGINAL UNSEALED/ CERTIFICATE	
(This Petition is to only be used if your a	adoption was a Step Parent or Adult Adoption)
I am the Petitioner and submit the following:	
1. My name is:	
2. My mailing address is:	
3. My residence address is:	County of:
4. My telephone number is:	
5. My birth date is:	
6. I am now years old.	
7. Relationship to adoptee/adoptive parents:	

8. I am informed that an adoption proceeding related to \_\_\_\_\_\_ (adoptee) was completed in

the County of Madera, on or about \_\_\_\_\_\_ by \_\_\_\_\_(adopting

parents).

10. I request the court to order the Office of Vital Records, Department of Health Services to unseal the original birth certificate of the above referenced adoptee, on which the names of the birth parents are stated.

Explain in detail all reasons for your request. Attach additional pages if necessary.

11. Attached is a copy of a government issued current photographic identification card of the petitioner.

Date:

(Signature of Petitioner)

## **VERIFICATION**

I am the petitioner in the above matter. I have read this petition and I know and understand what it states. I declare that the petition is true based upon my own personal knowledge, except as to those matters where it is stated to be based upon my information and belief, and as to those matters, I believe them to be true.

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

Date:

(Signature of Petitioner)

SUPERIOR COURT OF CALIFORNIA • COUNTY OF MADERA Juvenile Department 200 South G Street Madera, CA 93637 (559) 416-5580	FOR COURT USE ONLY
In the Matter of the Petition of Adoption of:	
·	
	CASE NUMBER:
ORDER ON PETITION TO OBTAIN ORIGINAL UNSEALED/UNREDACTED BIRTH CERTIFICATE	

The Court, having reviewed the verified petition and record find that good and compelling cause exists now makes the following ORDER:

**PETITION IS GRANTED** and that the Bureau of Vital Statistics shall furnish Petitioner, with a copy of the original birth record. (upon payment of any fees required by law)

**PETITION IS DENIED** The Petitioner has not presented facts sufficient for the court to find good and compelling cause to grant the request.

OTHER:

SO ORDERED.

Date:

HONORABLE JUDGE

#### COURT REPORT OF ADOPTION

NO ERASURES, WHITEOUTS, PHOTOCOPIES, OR ALTERATIONS

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER

#### TYPE OR PRINT CLEARLY IN BLACK INK ONLY

PARTI	NRT I The information provided in this section must be the information as it was at birth. Without this d impossible to prepare a new Certificate of Birth.									
	1A NAME C	OF CHILD-FIRST	1B. MIDDLE			1C, LAST (BIRT	1C, LAST (BIRTH)			
FACTS OF	2 SEX	3, DATE OF BIRTH-MM/DD/CCYY	4. NAME OF PH	HYSICIAN (OR ATTENDANT, CERTIFIER, OR OTHER PERSON WHO ATTENDED THIS BIRTH)						
BIRTH	5A PLACE	5A, PLACE OF BIRTH-NAME OF HOSPITAL OR FACILITY			5B, CITY 5C, STATE OR COUR			E OR COUNTRY		
	6A FULL N	AME OF PARENT—FIRST	6B. MIDDLE	6B, MIDDLE			RTH) 6D RELATIONS FATHER PARENT			
PARENTS <sup>®</sup> DATA	7A. FULL N	AME OF PARENT—FIRST	7B. MIDDLE	7B. MIDDLE		7C. LAST (BIRTH)		7D.RELATIONSHIP MOTHER FATHER PARENT		
PART II	Adoptiv informa	re parents must furnish per tion is used to prepare the	sonal inforn new Certific	nation about t cate of Birth.	themselves a	as it was on t	the child's date	of birth. This		
	CHECK TH	E APPROPRIATE BOX: ADOPTIVE PAR		BIOLOGICAL P						
PARENT INFORMATION	8A; NAME C	DF PARENT—FIRST	8B. MIDDLE		8C, LAST (BIRTH)					
	9, STATE/F	OREIGN COUNTRY OF BIRTH		10 DATE OF BIRTH-MM/DD/CCYY						
PARENT INFORMATION	CHECK THE APPROPRIATE BOX: ADOPTIVE PARENT BIOLOGICAL PARENT									
	11A, NAME	OF PARENT—FIRST 11B. MIDDLE			11C. LAST (BIRTH)					
	12. STATE/	12. STATE/FOREIGN COUNTRY OF BIRTH				13, DATE OF BIRTH-MM/DD/CCYY				
Pursuant to Health	oirth certificate and Safety C	e sealed, and a new birth certificate e ode Section 102640, I choose not to	have a new birth		the hirth occu	irred omitted fror I5 of the Health a	n the new birth cert	ital or other facility where ificate as provided for in .EASE CHECK ONE)		
VERIFICATION OF PART II	16 SIGNAT	16, SIGNATURE OF PARENT VERIFYING DATA IN PART II 17, MAILING ADD				DRESS OF PARENT VERIFYING DATA IN PART II				
AGENCY OR DEPARTMENT		OF AGENCY OR DEPARTMENT		18B. MAILING AL	DDRESS OF AGENCY/DEPARTMENT THAT INVESTIGATED/HANDLED THE ADOPTION					
ATTORNEY	19A, SIGNATURE AND PRINTED NAME OF ATTORNEY 19B, MAILING ADDRESS OF A					RNEY				
PART III	The cou and for	urt clerk must obtain as mu warding the record and Co	ich informat urt Order/Fi	ion as is avai nal Decree to	lable to com the State Re	plete Parts I egistrar as re	and II before co quired by law.	ompleting Part III		
		BY CERTIFY THAT THE INDIVIDUAL DE		WAS ADOPTED BY 1				DAY		
COURT CLERK	OF, 20, AS SET FORTH IN THE DECREE OF 21B, MIDDL ADOPTION - FIRST									
	22. SIGNATURE AND SEAL OF COURT CLERK				BY:					
	23, CLERK	IN AND FOR THE COUNTY OF:	24. DATE	E SIGNED-MM/DD/0	CCYY	25. DATE PETITION FOR ADOPTION FILED-MM/DD/CCYY				
	NAME						EMAIL ADDRESS			
NAME AND MAILING ADRESS OF PERSON TO WHOM CERTIFIED COPY IS TO BE SENT	ADDRESS-	-Street and Number	CITY,	, STATE, ZIP CODE DAYTIME TELEPHONE NUMBER ()						

#### GENERAL INFORMATION

The Court Clerk shall complete and transmit a court report of adoption to CDPH - Vital Records for each decree of adoption granted by any court in the State of California.

CDPH - Vital Records shall transmit court reports of adoptions for births that occurred in another state, the District of Columbia, any territory of the United States, or Canada to the appropriate registration authority.

The information contained in Part I and Part II of this certificate is required in order to identify and seal the original birth certificate and prepare a new birth certificate. Once the original birth certificate is sealed, it is only available upon order of a Superior Court.

#### INSTRUCTIONS

The agency or department handling the adoption should fill out Parts I and II, but the Court Clerk may complete any incomplete items in Part I or Part II from the information furnished in the court record.

When requested by the adoptive parents, the CDPH - Vital Records shall **not** establish a new birth certificate for the child. (Health & Safety Code Section 102640.) The adoptive parents should indicate in Item 14 whether they DO want a new birth certificate established (by checking the "Yes" Box) or whether they DO NOT want a new birth certificate established (by checking the "No" Box).

The adoptive parents may request CDPH – Vital Records to omit the specific name and address of the hospital or other facility where the birth occurred by checking the "Yes" Box in Item 15. (Health & Safety Code Section 102645.)

A deceased spouse of an adopting single parent can be listed on the new birth certificate if both adopting parents were in the home at the time of the initial placement of the child for adoption. Refer to Health & Safety Code Section 102660 for additional requirements.

One of the adopting parents should verify the information in Part II, sign in Item 16, and enter his or her mailing address in Item 17. The name and address of the agency or department and the attorney handling the adoption should be entered in Items 18 and 19.

The applicable fee shall be paid to the Court Clerk at the time of filing the petition in an adoption proceeding for the services required by statute of the State Registrar. (Health & Safety Code Section 103730.)

For cases in which the petition for adoption was filed on or after January 1, 1972, and the individual was born in California or a foreign country, a certified copy of the new birth record will be furnished without additional fee as provided in Health & Safety Code Section 102710.

For adoptions that occurred prior to January 1, 1972, or in another state, a fee must be submitted for processing the new birth certificate, which includes one certified copy.

Additional certified copies may be obtained from CDPH – Vital Records, but there is an additional fee for each additional certified copy requested. Please contact CDPH – Vital Records for the current fees, or visit our website at <u>www.cdph.ca.gov</u>. Please do not order additional copies until you have reviewed the original copy for accuracy. The mailing address for CDPH – Vital Records is:

California Department of Public Health Vital Records - Amendments - MS 5105 P.O. Box 997410 Sacramento, CA 95899-7410