ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bart 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 GLENN
526 West Sycamore Street, Willows, CA 95988

IN THE MATTER of (Name):	CASE NUMBER
PETITION TO ESTABLISH FACT OF BIRTH	

1. Petitioner (name): _____
   Is a beneficially interested person, entitled under Health and Safety Code 103450 to an order establishing the fact and the date and place of the birth of the person named in item 3.

2. Petitioner's beneficial interest in this matter is ☐ stated below ☐ 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: _____

   State: _____ 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 person named in item 3 cannot be obtained for the reasons ☐ stated below　　　　☐ stated in attachment 4b.
   _____
   _____
   _____
   _____

5. The person named in number 3 now resides at (street address, city, county, and state):
   _____

6. Petitioner requests that the court make an order determining that the birth of the person named in item 3 did in fact occur on the date and at the place stated in item 3 above, as shown by the Declaration in Support of Petition to Establish Fact of Birth (Form MC-031). Filed herewith, and by proof offered as evidence to this court.

7. Number of pages attached: _____

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

Date: _____   _____

Date: _____   _____

PETITION TO ESTABLISH FACT OF BIRTH