

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ EMAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
IN THE MATTER OF: _____	
APPLICATION TO OBTAIN FINAL ADOPTION ORDER AND ORDER	CASE NUMBER: _____
<i>If you do not know the case number, enclose a \$15.00 research fee plus a self-addressed stamped envelope for the return of the documents. If you are the original petitioner of the adoption, enclose a copy of your driver license.</i>	

I, _____, do hereby request the court for permission to obtain a copy or certified copy of the final adoption order as requested below:

1. Child's name: _____ Child's date of birth _____
2. City and State where the adoption took place: _____
3. Date or approximate date of adoption: _____ Type of adoption: _____
4. Adopting parent's name: _____
5. Reason for the request: *(may attach additional pages)*

6. Relationship to adopted individual: _____

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

Date: _____

Signature: _____

ORDER

Denied Set for Hearing: _____

Good cause appearing therefore, permission is hereby granted the above named applicant to obtain a copy and/or certified copy of the final adoption order.

Dated: _____

Judge of the Superior Court _____