ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO.:	FAX NO.:		
EMAIL ADDRESS:	FAX NO		
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	:		
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
IN THE MATTER OF:			
ORDER ON PETITION TO OBTAIN ORIGINA	AL LINSFALED/LIN-REDACTED	CASE NUMBER:	
BIRTH CERTIFIC	-		
DIKTH CERTIFIC	MIL		
☐ After reviewing the verified petition, the co	ourt finds good and compelling cau	ise therefore, permission is hereby	
granted that the above named petitioner to obtain a copy of the original birth certificate, unsealed and/or un-redacted.			
☐ The petition to obtain original unsealed/un-redacted birth certificate is denied.			
☐The clerk is directed to set the petition for a	hearing on		
The clerk is directed to set the petition for a	ineaning on		
at in department		_ located at the above entitled court.	
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/			
/			
,			
/			
Date:			
	Judicial Officer o	of the Superior Court	