

ORDER ESTABLISHING FACT OF BIRTH

In the Superior Court of the State of California

In and for the County of _____

In the matter of the petition of

To establish the fact of birth of

Number _____

Department _____

The verified petition of _____ to establish the fact of the birth of _____ having been filed herein on the _____ day of _____, A.D., 20_____, and such petition having by an order of court been duly set for hearing on the _____ day of _____, A.D., 20_____, at the hour of _____ o'clock ____ m. of said day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence introduced that the said _____, petitioner herein, is beneficially interested in establishing of record the fact of the birth of said _____, in that

SAMPLE

_____ and it appearing that on the _____ day of _____, A.D., 20_____, a _____ child was born to _____, parent and _____, parent; that the name of said child is _____, _____, _____; (First) (Middle) (Last)

that said birth has not been registered in conformity with the provisions of law in effect at the time of said birth or such record has been lost or destroyed after having been filed; and no one appearing at said hearing to oppose the making of this order;

It is therefore ordered, adjudged, and decreed that on the _____ day of _____, A.D., 20_____, a _____ child of the name of _____ was born to _____, parent, and _____, parent, at _____, County of _____, State of _____.

Done in court this _____ day of _____, A.D., 20_____.

▶ _____
Judge of the Superior Court

Before filing the above order, insert in the certificate form below, as of the date of the birth, the personal and statistical particulars required for the records of the State Registrar. A certified copy of the above order must be filed with the State Registrar before the order shall become effective. **USE BLACK INK ONLY.**

**COURT ORDER DELAYED REGISTRATION OF BIRTH
STATE OF CALIFORNIA**

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL BIRTH RECORD

FACTS OF BIRTH	1A. NAME—FIRST		1B. MIDDLE		1C. LAST	
	2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD BORN 1ST, 2ND, ETC.		4. DATE OF BIRTH—MM/DD/CCYY	
	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY		5B. CITY OR TOWN		5C. COUNTY OR COUNTRY	
PARENT	6A. NAME OF PARENT—FIRST		6B. MIDDLE		6C. LAST (BIRTH)	
	7. STATE/FOREIGN COUNTRY OF BIRTH		8. DATE OF BIRTH—MM/DD/CCYY		6D.RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
PARENT	9A. NAME OF PARENT—FIRST		9B. MIDDLE		9C. LAST (BIRTH)	
	10. STATE/FOREIGN COUNTRY OF BIRTH		11. DATE OF BIRTH—MM/DD/CCYY		9D.RELATIONSHIP <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> PARENT	
ABSTRACT OF SUPPORTING DOCUMENTS	12. NAME AND KIND OF DOCUMENT, BY WHOM ISSUED AND SIGNED, DATE ISSUED, DATE ORIGINAL MADE					
	A					
	B					
	C	<h1>SAMPLE</h1>				
	D					
	E					
	F					
REGISTRANT INFORMATION AS STATED IN DOCUMENTS	13. DATE OF BIRTH OR AGE, BIRTHPLACE, AND BIRTH NAMES OF PARENTS					
	A					
	B					
	C					
	D					
	E					
	F					
STATE REGISTRAR USE ONLY	14. Offered for filing pursuant to order number _____ of the Superior Court of the State/Country of _____ in and for the County of _____ made the _____ day of _____, A.D., 20 _____ establishing of record the fact of birth in the State or Country of _____.					
	15A. DATE OF DEATH—MM/DD/CCYY			15B. STATE FILE NO.		
	16. CDPH - VITAL RECORDS			17. DATE ACCEPTED FOR REGISTRATION		