Name:_____

Address:_____

_____

Telephone:_____

SUPERIOR COURT OF CALIFORNIA
FOR THE COUNTY OF SISKIYOU

In the Matter of the Adoption of _____, *(Name)* _____ *(Name)*	**CASE NO.**_____ **SUPPORTING DECLARATION RE ADOPTION RECORDS**

I, the undersigned _____, declare as follows:
(Print Name)

1. I am the _____
(Relationship to Parties to Adoption, If Any, e.g., Adoptee)
in this matter.

2. On _____, a decree of adoption was entered in this
(Date)
matter, decreeing _____ to be the adopted
(Name)
child of_____.
(Name/s of Adoptive Parent/s)

3. Medical necessity or other extraordinary circumstances, explained below, justify the disclosure of records relating to the aforesaid adoption *[IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL PAGES.]:*

_____

_____

_____

_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

_____ at _____.
(Date) *(Place)*

Signature:_____

Printed Name:_____