

ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL 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 (NAME):	
EMANCIPATED MINOR'S APPLICATION TO CALIFORNIA DEPARTMENT OF MOTOR VEHICLES	CASE NUMBER:

On _____ I was declared to be emancipated for the purposes set forth in Family Code
 (DATE OF EMANCIPATION ORDER)

section 7050 et seq. by order of the Honorable _____,
 (NAME OF JUDICIAL OFFICER)

Judge of the Superior Court of _____ County.
 (NAME OF COUNTY)

I apply to the California Department of Motor Vehicles for entry of identifying information in its law enforcement computer network and for inclusion of the fact of my emancipation on any identification card issued to me by the Department. I have attached a certified copy of the Declaration of Emancipation.

Date: _____
 (SIGNATURE OF EMANCIPATED MINOR)

