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Name:
P.O. Box _____
Saipan, MP 96950

Telephone No.:

PRO SE

**IN THE SUPERIOR COURT
OF THE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**

In the Matter of the Petition for the Death)
Certificate Correction of:)
_____)
Deceased)
By:)
_____)
Petitioner)
_____)

FCD-CN CIVIL ACTION NO. ____-_____

**ORDER SHORTENING TIME
AND NOTICE OF HEARING**

GOOD CAUSE APPEARING, it is hereby ordered that the time for hearing for Petitioner's
Petition be shortened and that the hearing be set on _____ at _____ .

Dated this ____ day of _____, 20____.
