

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITION TO CHANGE NAME</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

**Note:** This petition must be accompanied by a notice of hearing prepared for publication under MCR 3.613 (see PC 50). Every person 22 years of age or older who is requesting a name change must have a criminal background check. For details, go to michiganlegalhelp.org.

In the matter of \_\_\_\_\_  
Present first, middle, and last name(s) (type or print)

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. An action within the jurisdiction of the family division of circuit court involving the family or family members of person(s) named above has/have been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

2. The name change is for

a. a married person who wishes to also include a name change for his/her  spouse.  minor child(ren), of whom the petitioner has legal custody. (For a minor 14 years or older, written consent is required. See form PC 51b.)

b. an adult.

c. a minor, whose natural or adopted parents are \_\_\_\_\_  Deceased  
Parent and \_\_\_\_\_  Deceased  
Parent

Both parents are deceased. The guardian is \_\_\_\_\_  
(Attach letters of guardianship.) Name

3. The name change is for the following reason: \_\_\_\_\_

4. The name change is not sought for any fraudulent intent.

5. The following person(s) seeking a name change has/have a criminal record: \_\_\_\_\_

6. Each person for whom a name change is sought has been a resident of the county for at least one year.

**Note:** Skip item 7 if the noncustodial parent consents to the name change or if there is not a noncustodial parent.

7. I have legal custody of the minor.
- a. The noncustodial parent has had the ability to visit, contact, or communicate with the child and has regularly and substantially failed or neglected to do so for a period of two years or more before the filing of this petition and either:
- a support order has been entered, and the noncustodial parent has failed to substantially comply with the order for a period of two years or more before the filing of this petition; or
  - a support order has not been entered and the noncustodial parent, having the ability to support or assist in supporting the child, has failed or neglected to provide regular and substantial support for two years or more before the filing of this petition.
- b. The noncustodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, 750.520c, 750.520d, or 750.520e), or assault with intent to commit criminal sexual conduct (MCL 750.520g) and the child or a sibling of the child was the victim. (Attach judgment of sentence.)
- c. The noncustodial parent has been convicted of first degree murder (MCL 750.316) or second degree murder (MCL 750.317). (Attach judgment of sentence.)
- d. The last known address of the noncustodial parent is: \_\_\_\_\_

The noncustodial parent is not living at the above address, and I have taken the following steps to locate him/her:

\_\_\_\_\_

8. I request the following name change(s): (Type or print first name, middle name, and last name.)

FROM	TO	DATE OF BIRTH
Petitioner		Put DOB in Ref. No. row 10 on MC 97a.
Spouse		Put DOB in Ref. No. row 11 on MC 97a.
Minor child		Put DOB in Ref. No. row 12 on MC 97a.
Minor child		Put DOB in Ref. No. row 13 on MC 97a.
Minor child		Put DOB in Ref. No. row 14 on MC 97a.
Minor child		Put DOB in Ref. No. row 15 on MC 97a.
Minor child		Put DOB in Ref. No. row 16 on MC 97a.

If you want a new live birth certificate, check item 9. A special order is not needed if you only want to add the changed name(s) to the original certificate(s).

9. I request the court to order the State Registrar to create a new live birth certificate that does not disclose the name of \_\_\_\_\_ at birth and to seal the original certificate.

Name \_\_\_\_\_

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner signature

**SIGNATURE OF PARENT/GUARDIAN FOR MINOR**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

**CONSENT BY SPOUSE OF PETITIONER**

If the petition is filed for a spouse, this consent must be signed by the spouse of the petitioner.

I am the spouse of the petitioner and consent to the granting of this petition to change my name.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.



<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PUBLICATION OF NOTICE OF          HEARING FOR NAME CHANGE</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
Current name of the subject of the petition

TO ALL PERSONS, including: (specify non-custodial parent's name here, if applicable)

whose address is unknown and whose interest in the matter may be barred or affected by the following:

**TAKE NOTICE:** A hearing will be held on \_\_\_\_\_  
Date and time

at \_\_\_\_\_  
Location

before Judge \_\_\_\_\_ to change the name of:

- \_\_\_\_\_ Current name \_\_\_\_\_ to \_\_\_\_\_ Proposed name
- \_\_\_\_\_ Current name \_\_\_\_\_ to \_\_\_\_\_ Proposed name
- \_\_\_\_\_ Current name \_\_\_\_\_ to \_\_\_\_\_ Proposed name
- \_\_\_\_\_ Current name \_\_\_\_\_ to \_\_\_\_\_ Proposed name
- \_\_\_\_\_ Current name \_\_\_\_\_ to \_\_\_\_\_ Proposed name
- \_\_\_\_\_ Current name \_\_\_\_\_ to \_\_\_\_\_ Proposed name

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**PUBLISH ABOVE INFORMATION ONLY**

Publish \_\_\_\_\_ time(s) in \_\_\_\_\_ in \_\_\_\_\_ County.  
Name of publication

Furnish \_\_\_\_\_ copies to \_\_\_\_\_ .

Furnish affidavit of publication to the court. Petitioner shall file affidavit of publication with the court clerk.

Forward statement for publication charges to \_\_\_\_\_ .



<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>WAIVER/CONSENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. I am interested in the matter as \_\_\_\_\_ .

2. I waive notice of the hearing and consent to the application/petition for \_\_\_\_\_  
Nature of application/petition and name of applicant/petitioner

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ , and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning \_\_\_\_\_  
Nature of hearing

	<small>Date</small>
	<small>Signature</small>
<small>Attorney name (type or print)</small>	<small>Name (type or print)</small>
<small>Address</small>	<small>Address</small>
<small>City, state, zip</small>	<small>City, state, zip</small>
<small>Bar no.</small>	<small>Telephone no.</small>

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only





**Complete Sections D Thru F (Please Print Legibly)**  
**"Do Not Fold Fingerprint Card"**

<b>D</b>	15. Name of Applicant (Last, First, Middle)					16. Date of Birth		50. State Identification Number -- (SID) if known	
	17. Race	18. Sex	19. Height	20. Weight	21. Hair	22. Eyes	23. Driver's License Number (State)		24. Social Security Number*
	25. State or Country of Birth		26. Marks, Scars, Amputations, Tattoos, Etc.			27. Additional Names (Last, First, Middle)			

<b>E</b>	28. Applicant For:	
	<input type="checkbox"/> Personal Use (MCL 28.271) <input type="checkbox"/> Setting Aside Conviction (MCL 780.621) <input type="checkbox"/> VISA/Immigration (MCL 28.271) <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Setting Aside Adjudication (MCL 712A.18e) <input type="checkbox"/> Name Change (MCL 771.1) <input type="checkbox"/> Adoption (MCL 28.271)

<b>F</b>	<b>PRIVACY ACT STATEMENT</b>
	<p><b>Authority:</b> The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Public Law 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint- based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.</p> <p><b>Routine Uses:</b> During the processing of this application and for as long thereafter as your fingerprints and associated information/ biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>

<b>G</b>	<b>RI-008</b> (04/2019)	Applicant and Personal Identification Card Michigan State Police (MSP) Cashier's Office P.O. Box 30266, Lansing, MI 48909-7766
	<b>AUTHORITY:</b> MCL 28.242a; <b>COMPLIANCE:</b> Voluntary. <b>IMPORTANT:</b> Information provided on this form may be computerized in State Files.	
	*Social Security Number is confidential and unlawful disclosure is prohibited under both State and Federal law.	

<b>A</b>	1. Name (Last, First, Middle)			<b>MSP USE ONLY</b>
	2. Date of Birth	3. Race	4. Sex	

<b>B</b>	5. Impressions Taken By	6. Badge Number	7. Date Printed	10. Signature of Person Printed (in own writing)	
	8. Reviewed By	9. Agency	11. Address		11a. Telephone
			12. City		13. State
			12a. County		14. Zip Code

<b>C</b>					
1. Right Thumb	2. Right Index	3. Right Middle	4. Right Ring	5. Right Little	
6. Left Thumb	7. Left Index	8. Left Middle	9. Left Ring	10. Left Little	
Left Four Fingers Taken Simultaneously		Left Thumb	Right Thumb	Right Four Fingers Taken Simultaneously	

**MICHIGAN NOTARY ACKNOWLEDGEMENT  
(INDIVIDUAL)**

State of Michigan

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_  
[date] by \_\_\_\_\_ [name of person acknowledged].

Notary Public Signature: \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Acting in the County of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_



# Instructions for Completing Proof of Service (PC 564)

A person filing a paper or document with the court must serve a copy on all interested persons. The person who obtains an order from the court must serve a copy of the order on all interested persons. MCR 5.107(A). It is the responsibility of the petitioner, fiduciary, or other moving party to prepare, serve and file notice of hearing for all matters requiring notification of interested persons. MCR 5.102. Accounts and reports required to be served on interested persons **will not be accepted for filing without proof of service**. MCR 5.104(A)(1).

“Serving” a document on a person means having the document delivered to that person. There are two main ways to serve documents: (1) by mail and (2) by personal delivery. If a person's address is unknown, they must be given notice by publication in a newspaper. A “proof of service” shows the court that a document was served as required by law.

**WHO TO SERVE** - Michigan Court Rule (MCR) 5.125 identifies Interested Persons – those required to be served – for many different types of probate proceedings, including guardianships, conservatorships, estates and trusts. Additionally, MCR 5.113(B)(1)(3) requires that a petition list the current name and address of interested persons, so you can find the information on the petition or a recent proof of service filed in the same matter. You can also get some of the other information for the Proof of Service from the document(s) you are serving.

When you complete the Proof of Service you should print neatly or use a typewriter. If you have Internet access, you can fill out the form online at <http://courts.michigan.gov/scao/courtforms/probate/pc564.pdf> and print it out. The numbered items below correspond to the numbers on the SAMPLE Proof of Service attached.

- 1 & 2 File no. - Fill in the trial court case name and number. You can copy this information from the first page of the document that you are serving.
3. Papers served - Fill in the name of each document you are serving. This is commonly found on the top of the first page of each document.

## **SERVICE BY MAIL**

4. Check boxes – service by (regular) mail is generally required at least **14 days** before the date set for hearing, or an adjourned date. MCR 5.108(B).
5. Name of each person served by mail.
6. Address of each person served by mail.

7. Date of mailing - "... in a sealed envelope with first-class postage fully prepaid, addressed to the person to be served, and depositing the envelope and its contents in the United States mail. Service by mail is complete at the time of mailing." MCR 5.105(B)(2).

## **PERSONAL SERVICE**

8. Check box – personal service is generally required at least **7 days** before the date set for hearing, or an adjourned date. MCR 5.108(A).
9. Name of person personally served.
10. Address where person personally served.
11. Date and time of personal service - may be made on an individual by handing the paper to the individual personally; leaving it at the person's usual residence with some person of suitable age and discretion residing there; or sending the paper by register or certified mail, return receipt requested, and delivery restricted to the addressee; but service is not complete until the individual receives the paper. MCR 5.105(B)(1).
12. Check box – If you are unable to serve an Interested Person because their whereabouts remain unknown *after diligent inquiry*, service must be made by publication. Generally, a notice required to be made by publication must be published in a newspaper in the county where the court is located one time at least **14 days** before the date of the hearing. Use PC 563-Publication of Notice of Hearing or PC 563a-Publication of Notice. A copy of the notice must be mailed to the person's last known address, if any is known. MCR 5.106.
13. Name of person(s) served by publication - PC 617-Declaration of Intent to Give Notice by Publication **MUST** be completed for EACH person receiving notice by publication and attached to the Proof of Service when filed. After notice by publication is given once, that person need not be served again unless their address becomes known during the proceedings. MCR 5.105(A)(3)
14. Your signature and date of signing - **By signing form PC 564, you are declaring, under penalty of perjury, that the information you put in the form is true and correct.**

Make enough copies of each document served and the Proof of Service for each person served, plus one copy for your own records. File the originals of all documents and the Proof of Service with the court.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

2. According to court rule, I served by  first-class mail  registered mail (copy of return receipt attached)  certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee		
\$		\$		
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>	
\$		\$	\$	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only





STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	<b>PROOF OF MAILING</b>	<b>CASE NO. and JUDGE</b>
--	-------------------------	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's name, address, and telephone no.	<b>v</b>	Defendant's name, address, and telephone no.
Plaintiff's attorney, bar no., address, and telephone no.		Defendant's attorney, bar no., address, and telephone no.

In the matter of \_\_\_\_\_

On the date below I sent by first-class mail a copy of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

to: List names and addresses.

I declare under the penalties of perjury that this proof of mailing has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Name (type or print)



STATE OF MICHIGAN  
JUDICIAL DISTRICT  
JUDICIAL CIRCUIT  
COUNTY PROBATE

MOTION AND VERIFICATION  
FOR ALTERNATE SERVICE

CASE NO.

Court address

Court telephone no.

Plaintiff name(s), address(es), and telephone no(s).

v

Defendant name(s), address(es), and telephone no(s).

In the matter of \_\_\_\_\_

1. Service of process upon \_\_\_\_\_ cannot reasonably be made as otherwise provided in MCR 2.105, as shown in the following verification of process server.
2. Defendant's last known home and business addresses are:

Home address	City	State	Zip
--------------	------	-------	-----

Business address	City	State	Zip
------------------	------	-------	-----

a. I believe the  home  business address shown above is current.

b. I do not know the defendant's current  home  business address. I have made the following efforts to ascertain the current address: \_\_\_\_\_

3. I request the court order service by alternate means.

I declare that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plaintiff/Plaintiff's attorney signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (type or print) Bar no.

\_\_\_\_\_  
City, state, zip Telephone no.

**VERIFICATION OF PROCESS SERVER**

1. I have tried to serve process on this defendant as described: State date, place, and what occurred on each occasion.

I declare that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Process server (type or print)



<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

**If this form is filed on or after January 1, 2022**, it will be maintained as a nonpublic document because the form contains personal identifying information (PII) that will be protected when amendments to MCR 1.109 become effective on January 1, 2022. Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**Instructions:**

- Use this form when an SCAO-approved form instructs you to use it to provide PII.
- **Provide only** the PII required for your particular case. For example, if you are filing a document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: \_\_\_\_\_

\_\_\_\_\_  
Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the document being filed in place of the PII. For example, insert "Ref. No. XX" in place of the DOB in the document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other



Mail Application and Fee to:  
Vital Records Changes  
P.O. Box 30721  
Lansing, MI 48909

Michigan Department of Health  
and Human Services  
[www.michigan.gov/vitalrecords](http://www.michigan.gov/vitalrecords)

**Application to Correct or Change a Michigan Birth Record**

If any information is unknown, please indicate "unknown". Incomplete applications will be returned.

**APPLICANT INFORMATION** Must be 18 years old or older **Copy of valid Identification required**

Full Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ELIGIBILITY**

- Child named on the record (Adult)       Legal guardian of the person named on the record  
 Parent named on the record       Legally licensed representative of the person named on the record

**TYPE OF CHANGE OR CORRECTION REQUESTED**

- Correct/Change birth record for adult       Court ordered legal name change. (Court order required)  
 Correct/Change birth record for minor       Remove a person who is not the biological parent (Court order required)  
 Name change for parents who have married after the birth (Marriage record required)

**CHILD'S INFORMATION NEEDED TO LOCATE CURRENT BIRTH CERTIFICATE**

Full Name on Birth Certificate: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

- Adoption       Legal name change

Place of Birth (City and County): \_\_\_\_\_ Gender:  Male       Female       X

**PARENTS' INFORMATION ON CHILD'S CURRENT BIRTH CERTIFICATE**

Mother/Parent Full Name at Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father/Parent Full Name at Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

<b>CHANGES REQUESTED: Item as it currently appears</b>	<b>INFORMATION AS IT SHOULD APPEAR</b>

**SIGNATURE(S) REQUIRED TO PROCESS APPLICATION** If correcting a child's name all parents listed on record must sign.

If correcting a child's name that is over the age of 15 and it is not court ordered, we also require the child's signature.

Signature of Person Requesting Change: \_\_\_\_\_ Date: \_\_\_\_\_

Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT** Check or Money Order made out to the "State of Michigan" Application Fee is Non-Refundable

Application Fee:	\$50.00 (includes one copy)	\$50.00
Additional Certified Copies:	\$16.00 each	\$
RUSH Fee	\$25.00	\$
TOTAL ENCLOSED:		\$

**REQUIRED DOCUMENTATION** Do not send original documents they will not be returned to you

Changes or corrections to birth records that can be made by this office are limited by law and are subject to very specific supporting documentation.

- In general, we require at least two (2) dated documents proving the correct information. Documents usually need to be at least five years old or older. Some changes require documents dated close to the time of birth.
- If you are changing the name on a birth certificate for a person over the age of one (1) and do not have documents to prove you have always used that name, you will have to petition the court in your county for a legal name change order and submit a copy of the court order to our office.
- To correct parent's information on a birth certificate we generally need a copy of the parent's birth certificate, marriage license or two documents dated five years old or older showing the correct information.

For more information on documents needed, visit our FAQ's on our website at [www.michigan.gov/vitalrecords](http://www.michigan.gov/vitalrecords) You can also call our Changes Unit at 517-335-8660 or email MDHHS-VR-Changes@Michigan.gov.

**ELIGIBILITY**

Must be at least 18 years old or legally emancipated. Legal guardians must include a copy of the court guardianship documents. Legally licensed representatives must provide documentation on official letterhead documenting that he/she represents the person named on the record and provide their state bar license number, along with client's identification

**IDENTIFICATION REQUIREMENT** Do not send original documents they will not be returned to you

To change a Michigan birth record, a current valid, government issued identification is required to establish eligibility.

If you are correcting a child's name, we require identification for all parents listed on the record. If a child's name change is court ordered, we only require identification for one parent.

Please send one of the following unexpired identifications:

- ✓ U.S. or U.S. Territories **Driver's License or Identification Card**
- ✓ U.S. or Foreign Passport
- ✓ U.S. Passport Card
- ✓ U.S. Military Identification Card with **both** picture and signature
- ✓ Other U.S. or U.S. Territories issued document that meets the following criteria: Document must be unexpired. Document must contain a photograph and at least the following information: name, date of birth, date of expiration, signature, and address.

If you do not have identification as listed above, we will accept other documents to prove your identity. For a list of alternative documents please visit our website at [www.michigan.gov/vitalrecords](http://www.michigan.gov/vitalrecords) or call our office at 517-335-8666.

**PROCESSING TIME**

Normal processing time to correct or change a Michigan birth certificate is 5-6 weeks if all required documents are received. If we must contact you for additional documentation, the processing time starts when we receive everything needed. If you pay for RUSH service, processing time is 2-3 weeks from when everything is received. Processing time is not guaranteed. There could be situations out of our control that cause processing times to be longer or shorter.

Note: Applications sent to the Vital Records post office box with an overnight delivery are not received in Vital Records for three (3) days.

**PENALTIES**

Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined and/or imprisoned pursuant to MCL 333.2894(1)(b) and (c)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.