

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITION TO CHANGE NAME</b>	<b>FILE NO.</b>
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In the matter of the name change of \_\_\_\_\_  
Present first name(s), middle name(s), and last name(s) (type or print)

to \_\_\_\_\_  
Requested new first name(s), middle name(s), and last name(s) (type or print)

1. An action within the jurisdiction of the family division of circuit court involving the family or family members of the 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.  his/her minor child(ren), of whom the petitioner has legal custody.  
 b. an adult.  
 c. a minor, whose natural or adopted parents are: \_\_\_\_\_ and \_\_\_\_\_  
Mother  
Father

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.

[Complete item 7 only if the name change is for a minor. Please see other side for remainder of petition.]

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, MCL 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 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: \_\_\_\_\_

(SEE SECOND PAGE)

Do not write below this line - For court use only

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

FROM	TO	DATE OF BIRTH
Petitioner		month, day, year
Spouse		month, day, year
Minor child		month, day, year
Minor child		month, day, year
Minor child		month, day, year
Minor child		month, day, year

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

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

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

10. I am the spouse of the petitioner or the noncustodial parent of the minor and consent to the granting of this petition to change name.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

11. I am a minor 14 years of age or older, and I consent to the granting of this petition to change my name.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's signature

12. I am a minor under 14 years of age, and I state my preference to the above name change.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Attorney name (type or print) Bar no.

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

# APPLICATION TO CORRECT OR CHANGE A MICHIGAN BIRTH RECORD

For additional information  
**(517) 335-8660**  
 Mon-Fri 8:00 am - 5:00 pm ET  
[www.michigan.gov/mdch](http://www.michigan.gov/mdch)

**MAIL APPLICATION AND PROPER FEE TO:**  
 Vital Records Changes  
 P.O. Box 30721  
 Lansing MI 48909

<b>APPLICANT (PERSON REQUESTING CHANGE OR CORRECTION)</b>		<b>PLEASE PRINT CLEARLY AND LEGIBLY</b>
Applicant's Name:		Driver's License or State Identification #:
Address: (Cannot send to General Delivery)		City/State: Zip:
Daytime Phone Required: ( )	Other Phone: ( )	
To protect you from identity theft, we require <b>PHOTO IDENTIFICATION</b> to be presented along with this application. (See back for details)		

<b>ELIGIBILITY</b> (Please check which category makes you eligible to request this change or correction)	
<p>To be eligible to correct or change a birth record, you must be the person named on the record and at least 18 years old, a parent named on the record, or a court-appointed legal guardian or legally licensed representative of the person named on the record. Legal guardians must include a copy of the court guardianship documents. Legally licensed representatives must provide information on official letterhead, documenting that he/she represents the person named on the record and provide their state bar license number.</p>	
<input type="checkbox"/> Person named on the record (Must be at least 18 years old or legally emancipated)	<input type="checkbox"/> Legal guardian of the person named on the record
<input type="checkbox"/> Parent named on the record	<input type="checkbox"/> Legally licensed representative of the person named on the record

<b>TYPE OF CHANGE OR CORRECTION REQUESTED</b> (Please indicate below which type of change or correction you are requesting)	
<input type="checkbox"/> Correct birth record information for a person under the age of 1 (one) <input type="checkbox"/> Correct birth record information for a person age 1-5 (one to five) <input type="checkbox"/> Correct birth record information for a person over the age of 6 (six) <input type="checkbox"/> Court-ordered legal name change (court order required) <input type="checkbox"/> Legitimation for parents who have married after the birth (marriage record required) <input type="checkbox"/> Remove a man who is not the biological father (court order required)	
There is a separate application if you need to <u>add</u> a father's name to a birth record when there is no father currently named on the record. That application can be downloaded from our website or can be mailed to you by calling the Changes Unit direct at 517-335-8660.	

<b>INFORMATION NEEDED TO LOCATE BIRTH RECORD TO BE CHANGED</b>		
If any birth information is unknown, please indicate "unknown"		STATE FILE NUMBER (if known)
NAME AT BIRTH First Middle Last	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (mm/dd/yyyy)
IF THE PERSON ON RECORD IS ADOPTED OR HAS HAD A LEGAL NAME CHANGE (OTHER THAN MARRIAGE) PLEASE INDICATE THAT NAME HERE		
<input type="checkbox"/> Adoption <input type="checkbox"/> Legal Name Change		
First Middle Last		
PLACE OF BIRTH: Hospital City County		
MOTHER'S NAME BEFORE FIRST MARRIED: First Middle Last		FATHER'S NAME: First Middle Last

**SEE BACK FOR CURRENT FEES, PHOTO ID REQUIREMENTS AND PROCESSING TIMES**

CHANGES REQUESTED:	ITEM IN ERROR	INFORMATION AS IT SHOULD APPEAR

**REQUIRED DOCUMENTATION**

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, you must include with this application, at least two (2) pieces of dated documentary evidence. To change any part of the name requires two documents dated close to the time of birth. (Exception: Only one document dated five years ago is required to correct the spelling of the first or middle name of the person named on the record). If you are requesting that the name on the record be changed due to a legal name change, only the court order is needed for documentation. If you need more information or have questions, you may call our Changes Unit direct at (517) 335-8660.

**SIGNATURE(S) REQUIRED TO PROCESS APPLICATION.** When two parents are named on the record, both parents' signatures and current, valid photo identification are required to correct, add or change a child's name, unless a court order of legal name change is supplied.

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

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

**PHOTO ID REQUIREMENTS FOR CHANGING OR CORRECTING A MICHIGAN BIRTH RECORD**

**\* Please Send Photocopies - Not Original Documents \***

Under Michigan law, birth records are restricted documents, and a current valid, photo identification is required in order to establish eligibility to request a change or correction to a registered birth record. To protect you and the community from identity theft, we require a copy of the applicant's photo identification to be presented along with the application.

- At least one of the following photo ID's:**
- < Michigan driver's license unexpired or expired for not more than one year
  - < State of Michigan identification card unexpired or expired for not more than one year
  - < Driver's license or official identification card issued by another state in the U.S., jurisdiction or territory, unexpired, or expired for not more than one year.
  - < Unexpired U.S. or foreign passport
  - < U.S. military identification, military dependent identification or veteran's identification

- Or, if you do not have one of the above, at least one of the following photo ID's, with stated supporting documents:**
- < Employment identification with photo, accompanied with a pay stub or W-2 form
  - < School, university or college identification with photo, accompanied with a report card or other proof of current school enrollment
  - < Michigan driver's license expired for more than one year, accompanied by a motor vehicle registration or title, a bridge card, MI-Health card, inmate probation or discharge documents, a veteran's DD-214, or an original copy of an Affidavit of Parentage
  - < Department of Corrections identification card, accompanied by probation or discharge papers
  - < If an inmate currently incarcerated, a Department of Corrections identification card, accompanied by a verification of incarceration by the facility on letterhead

**If you are unable to provide any of the above mentioned forms of identification, please contact the Michigan Vital Records Changes Unit at 517-335-8660 and speak with a changes specialist.**

**PAYMENT** - The fee for correcting or changing a Michigan birth record is \$50.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$16.00 each when ordered at the same time. **Payment must be by check or money order and made payable to the "State of Michigan."**

**PROCESSING TIME** - Normal processing time for all changes or corrections will be 5-6 weeks from the date all documentation, payments and photo ID are received in the State Vital Records Office. **A 2-3 week rush processing is available for an additional fee.**

Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$50.00	\$ 50.00
_____ Additional Certified Copies	\$16.00 Each	\$
Rush Fee	\$25.00	\$
<b>TOTAL ENCLOSED:</b>		\$

**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).

**For Accounting Use Only**

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