

**CHANGE OF NAME  
ADULT 22 YEARS OF AGE OR OLDER**

YOU MUST HAVE RESIDED IN GRAND TRAVERSE COUNTY FOR AT LEAST ONE YEAR PRIOR TO THE FILING OF THE PETITION FOR CHANGE OF NAME.

FORMS MUST BE TYPEWRITTEN OR PRINTED NEATLY IN BLACK INK. THE PETITION MUST BE COMPLETED IN FULL BEFORE IT WILL BE ACCEPTED.

THE NAME CHANGE IS NOT BEING SOUGHT FOR ANY FRAUDULENT INTENT.

Filing Fee/\$175   Certified Copy Fee/ \$12   Court Order Entry Fee \$10  
**Total \$197 – cash, check or money order only**

1. The Circuit Court Records Family Division name change process starts with the filing of a **COMPLETED Petition to Change Name** (PC 51) completed to the best of your ability.
2. Every person 22 years of age or older who is requesting name change must have **two (2) complete sets of fingerprints** taken and sent to the Department of State Police. *See Special Instructions for Name Change attached.*
3. Once the **report is received from the Department of State Police** the Petitioner will be notified by mail to come into the office to arrange a hearing date and obtain the Publication of Notice of Hearing.
4. The Publication of Notice of Hearing (PC 563) must be **published in the legal notices of the Traverse City Record Eagle one (1) time at least 14 days before** the scheduled date of hearing. You as the Petitioner (person requesting the name change) are responsible for arranging for this publication and for payment of the publication fee.
5. The Traverse City Record Eagle will furnish an **affidavit of proof of publication**. This must be in the file prior to the hearing.
6. You must appear at the hearing. If everything has been done correctly and the Judge determines that the name change should be granted, the **Order Following Hearing on Petition Changing Name** (PC 52) will be signed.
7. Take the **Order** and the **Court File** (if given to you) **to the Circuit & Family Court Records Office** and you will be given a certified copy.

**THIS DOES NOT CHANGE THE NAME ON THE BIRTH CERTIFICATE.** The Application to RECORD COURT-ORDERED LEGAL NAME CHANGE to a MICHIGAN BIRTH RECORD is used to change the birth certificate.

## **MICHIGAN STATE POLICE**

### **CRIMINAL HISTORY BACKGROUND CHECK FOR LEGAL NAME CHANGE**

Petitioning the court for a legal change of name:

1. Make a formal application with the court for a legal name change.
2. Go to your local Michigan law enforcement agency and ask to be printed on a Michigan Applicant Fingerprint card (RI-008). Complete the card entirely.
3. Submit the card (DO NOT FOLD) to the:

**Michigan State Police**

**CJIC**

**P.O. Box 30266**

**Lansing, Michigan, 48909-7766**

Along with a \$43.25 processing fee (check or money order) made payable to the State of Michigan and a copy of the Petition to Change Name form. No walk-in traffic is allowed.

Questions regarding your legal change of name should be directed to the court that holds your name change application.

Questions regarding Criminal History Background Check/Fingerprints:

Phone: 517-241-0606

Fax: 517-241-0866

E-Mail: [msp-crd-applhelp@michigan.gov](mailto:msp-crd-applhelp@michigan.gov)

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>PETITION TO CHANGE NAME</b>	<b>FILE NO.</b>
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**Note:** 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 the name change of \_\_\_\_\_  
Present 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 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 \_\_\_\_\_  Deceased  
and \_\_\_\_\_  Deceased  
Parent \_\_\_\_\_  Deceased  
 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 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  
/s/  
Petitioner signature

\_\_\_\_\_  
Address

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

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

**SIGNATURE OF PARENT/GUARDIAN FOR MINOR**

\_\_\_\_\_  
Date  
/s/  
Signature

\_\_\_\_\_  
Date  
/s/  
Signature

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
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  
/s/  
Signature

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
/s/  
Attorney signature

\_\_\_\_\_  
Address

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

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

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>ORDER FOLLOWING HEARING ON</b> <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)

1. Date of Hearing: \_\_\_\_\_ Judge: \_\_\_\_\_  
Bar no.

**THE COURT FINDS:**

- 2. A petition for name change has been filed.
- 3. Notice of hearing was given by publication.
- 4. Each person for whom a name change is sought has been a resident of the county for at least one year.
- 5. The court has received the required criminal record report(s) from the Michigan Department of State Police.
- 6. \_\_\_\_\_ has a criminal record.  
Name (type or print)
- 7. The request for the name change of \_\_\_\_\_  
Name (type or print)
  - is  is not made with fraudulent intent.
- 8. The petitioner, having legal custody, requests the name change of a minor. The noncustodial parent has consented to the name change.
- 9. The petitioner requests the name change of a minor. The custodial parent has consented to the name change. The noncustodial parent was given notice of the hearing.
  - a. The noncustodial parent has had the ability to visit, contact, or communicate with the minor but has regularly and substantially failed or neglected to do so for the past two years, **and**
    - 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 the petition for name change. **or**
    - a support order has not been entered and the noncustodial parent, having the ability to support or assist supporting the child, has failed or neglected to provide regular and substantial support for two years or more before the filing of the petition for name change.
  - 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.
- 10. The minor(s) 14 years of age or older signed a written consent to change name in the presence of the court.
- 11. The minor(s) under the age of 14 has/have stated a preference to a name change.
- 12. The minor(s) is/are not of sufficient age to express a preference to a name change.

(SEE SECOND PAGE)

Do not write below this line - For court use only

13. The name(s) of the following person(s) is/are changed.

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

14. The State Registrar shall create a new live birth certificate for \_\_\_\_\_  
Name  
 that does not disclose the name at birth and shall seal the original certificate.

15. The request to change the name of \_\_\_\_\_ is denied.  
Name

16. The request is denied and the petition is dismissed.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Judge

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

\_\_\_\_\_  
 Address

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

**Note to Petitioner:** You must provide this order to the State Registrar if you want to change your birth certificate.

**Note to Clerk:** Under MCL 711.1(3), if the court enters an order to change the name of a person who has a criminal record, the court shall forward the order to the Criminal Justice Information Center of the Michigan State Police and to one or more of the following:

- The Department of Corrections if the person named in the order is in prison or on parole or has been imprisoned or released from parole in the immediately preceding two years.
- The sheriff of the county in which the person named in the order was last convicted if the person was incarcerated in a county jail or released from a county jail within the immediately preceding two years.
- The court that has jurisdiction over the person named in the order if the person named in the order is under the jurisdiction of the family division of the circuit court.

<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 \_\_\_\_\_

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

**PUBLISH ABOVE INFORMATION ONLY**

Publish ONE time(s) in TRAVERSE CITY RECORD EAGLE in GRAND TRAVERSE 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 \_\_\_\_\_ .

**THIS NOTICE MUST APPEAR IN THE TRAVERSE CITY RECORD EAGLE AT LEAST FOURTEEN (14) DAYS PRIOR TO THE DATE SET FOR HEARING. IF THE NAME CHANGE IS FOR A MINOR AND NON-CUSTODIAL PARENT HAS NOT SIGNED THE PETITION A COPY OF THIS NOTICE MUST ALSO BE MAILED TO THE NON-CUSTODIAL PARENT. (FILE FORM # PC-564 WITH THE COURT INDICATING SERVICE HAS BEEN COMPLETED.)**

# APPLICATION TO CORRECT OR CHANGE A MICHIGAN BIRTH RECORD

Michigan Department of Health and Human Services

For additional information  
**517-335-8660**  
Mon-Fri 8:00 am - 5:00 pm ET  
www.michigan.gov/vitalrecords

**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>
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Applicant's Name:		
Address: (Cannot send to General Delivery)		City/State:
Zip:		
Daytime Phone <b>Required:</b> (       )	Other Phone: (       )	
<b>To protect from identity theft, PHOTO IDENTIFICATION <u>must</u> be presented along with this application. (See back for details)</b>		

<b>ELIGIBILITY</b> (Please check which category makes you eligible to request this change or correction)
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**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, along with client's identification.

Person named on the record (Must be at least 18 years old or legally emancipated)

Parent named on the record

Legal guardian of the person named on the record

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)
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Correct birth record information for a person under the age of 1 (one)

Correct birth record information for a person age 1-5 (one to five)

Correct birth record information for a person over the age of 6 (six)

Court-ordered legal name change (court order required)

Name change for parents who have married after the birth (marriage record required)

Remove a person who is not the biological parent/father (court order required)

There is a separate application if you need to add a parent/father's name to a birth record when there is no parent/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	<b>STATE FILE NUMBER (If known)</b>
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<b>NAME AT BIRTH</b>			<b>GENDER</b>		<b>DATE OF BIRTH (mm/dd/yyyy)</b>	
First	Middle	Last	<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>IF THE PERSON ON RECORD IS ADOPTED OR HAS HAD A LEGAL NAME CHANGE (OTHER THAN MARRIAGE)</b> <input type="checkbox"/> Adoption <input type="checkbox"/> Legal Name						
PLEASE INDICATE THAT NAME HERE			Change	First	Middle	Last
<b>PLACE OF BIRTH</b>						
Hospital			City		County	
<b>PARENT/MOTHER'S NAME BEFORE FIRST MARRIED</b>			<b>PARENT/FATHER'S NAME BEFORE FIRST MARRIED</b>			
First	Middle	Last	First	Middle	Last	

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

CHANGES REQUESTED: ITEM IN ERROR	INFORMATION AS IT SHOULD APPEAR

**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



**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**.

**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. Two-three week rush processing is available for an additional fee.

Application Fee <b>(Non-Refundable)</b> 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**

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.

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

**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. To request a birth record, a current valid, government issued identification is required to establish eligibility (except for an unrestricted birth record that is at least 100 years old). To protect from identity theft, a copy of the applicant's government issued identification must be presented along with the application and fees.

**Tier 1 Documentation** that establishes identity by itself.

- ✓ U.S. or Foreign Passport
- ✓ U.S. Passport Card
- ✓ U.S. or U.S. Territories Driver's License or Identification 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.

**--OR--**

**Tier 2 Documentation** must include all documentation in one of the categories below:

- ✓ Any of the documents in Tier 1 that expired within the past 5 years and any one document from Tier 3 issued within the past year.
- ✓ Employment identification with photo, accompanied with a pay stub or W-2 form issued within the past year.
- ✓ Student identification with photo, accompanied by a current report card or other proof of current school enrollment. Both documents must be for the same institution.
- ✓ Department of Corrections identification card accompanied by probation or discharge papers issued within the past year.
- ✓ If an inmate is currently incarcerated, a Department of Corrections identification card, accompanied by a verification of incarceration issued within the past year.

**--OR--**

**Tier 3 Documentation** must include at least three alternative documents of different types from the list below, one must have been issued within the past year:

- ✓ Any of the documents in Tier 1 expired more than 5 years.
- ✓ Social Security Card (must be signed)
- ✓ Marriage or Divorce certificate
- ✓ Your child's birth certificate
- ✓ IRS form W-2
- ✓ Paycheck stub
- ✓ Bank statement
- ✓ Voter registration
- ✓ Motor vehicle registration
- ✓ Health insurance card
- ✓ Utility Bill
- ✓ Doctor/hospital/dentist bill
- ✓ Religious/community organization documents, baptismal certificate
- ✓ Military DD-214 discharge paper or equivalent
- ✓ School records
- ✓ Letter/benefit statement from a government agency, like SSA or IRS
- ✓ Land or rental agreement
- ✓ Military ID with **either** a picture **or** signature.
- ✓ Other documents that establish identity to a degree equivalent to those listed above.

VitalChek – Applicants who wish to order their birth certificate online, can order via the internet at <http://vitalchek.com>, or by phone US (866) 443-9897. VitalChek verifies identity through questions about the applicant's past addresses, family, and other information. VitalChek is the only approved online service provider for the State of Michigan.