

INSTRUCTIONS FOR PETITION TO CHANGE NAME

- Complete and file the original *Petition To Change Name* in Probate/Family Court and pay a **Filing fee of \$185.00.**

- * **For persons age 22 or older whose name appears on the Petition to Change Name, see Instructions regarding Criminal History Background Check For Legal Name Change on next page.**

Before obtaining a hearing date, you must wait for results of the Michigan State Police and FBI background check.

- * You may provide a self-addressed, prepaid envelope to the court to receive notice that the required report was received;
OR
 - * You may contact the court eight (8) weeks after you mail your Fingerprint card, with a copy of the *Petition To Change Name*, to the Michigan State Police to find out if the required report has been received.
- Complete the *Notice of Hearing* form and file original in Probate/Family Court.

 - Complete the *Publication of Notice of Hearing* form and file original in Probate/Family Court.
 - A copy of the *Publication of Notice of Hearing* **MUST** be published in local Newspaper one (1) time, two (2) weeks before the hearing date.

 - Obtain Affidavit of Publication from the newspaper after publication occurs and file at Probate/Family Court well before the hearing date.

 - Complete *Proof of Service* form after service has been completed and file Original in Probate/Family Court well before the hearing date.

 - Appear at hearing on date and time scheduled.

If you have requested a new birth certificate be issued under your new name, it is your responsibility to obtain a Certified copy of the *Order Changing Name* and the *Application To Correct Or Change A Michigan Birth Record* form and send the completed form, with the certified copy of the *Order Changing Name*, a copy of your photo ID, and the appropriate fees to the Michigan Department of Vital Records.



STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE
LANSING

GRETCHEN WHITMER
GOVERNOR

COL. JOSEPH M. GASPER
DIRECTOR

MICHIGAN STATE POLICE
CRIMINAL HISTORY BACKGROUND CHECK FOR LEGAL NAME CHANGE

Effective: January 2019

1. Make a formal application with the court for a legal name Change.
2. Set up an appointment with your local Michigan law enforcement agency to be fingerprinted on a Michigan Applicant fingerprint card (RI-008), or FBI fingerprint card. **We only need one fingerprint card per person.**
3. Complete the information on both sides of the card if two-sided. Fingerprint Reason should be: NAME CHANGE. Include your phone number and email address on the card or a note.

Mail the following (No walk-in traffic is allowed) to the address below:

- The Fingerprint Card – **DO NOT FOLD**
- A copy of the Petition to Change Name with court file Number on it
- A check or money order payable to the **STATE OF MICHIGAN** for **\$43.25 (per person)**

**MICHIGAN STATE POLICE
CJIC
P.O. Box 30266
Lansing, MI 48909**

Further questions:

Phone 517-241-0606

FAX 517-241-0866

E-Mail: msp-crd-applhelp@michigan.gov

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION TO CHANGE NAME	FILE NO.
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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 _____

Parent Deceased
and _____
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.

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.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

NOTICE OF HEARING

FILE NO.

In the matter of _____
First, middle, and last name

TAKE NOTICE: A hearing will be held on _____ at _____
Date Time

at _____ before Judge _____
Location Bar no.

for the following purpose(s): (state the nature of the hearing)

If you require special accommodations to use the court because of a disability, or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

_____ Date

Attorney name Bar no.

Petitioner name

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

USE NOTE TO COURT: If this hearing is for a guardianship matter involving an Indian child as defined in MCR 3.002(12), you must comply with MCR 5.109(2).

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 PROBATE COURT COUNTY OF _____	PUBLICATION OF NOTICE OF HEARING	FILE NO. _____
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In the matter of _____

TO ALL INTERESTED PERSONS including:

whose address(es) is/are unknown and whose interest in the matter may be barred or affected by the following:

TAKE NOTICE: A hearing will be held on _____ at _____
Date Time

at _____ before Judge _____
Location Bar no.

for the following purpose:

_____ Date

Attorney name (type or print) Bar no.

Petitioner name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

PUBLISH ABOVE INFORMATION ONLY

Publish _____ time(s) in _____ in _____ County.
Name of publication

Furnish _____ copies to _____

Furnish affidavit of publication to the court.

Forward statement for publication charges to _____

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 PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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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	TOTAL FEE	
\$		\$	\$	

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

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

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 from identity theft, PHOTO IDENTIFICATION must be presented along with this application. (See back for details)

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.

- | | |
|--|---|
| <input type="checkbox"/> Person named on the record
(Must be at least 18 years old or legally emancipated)
<input type="checkbox"/> Parent named on the record | <input type="checkbox"/> Legal guardian of the person named on the record
<input type="checkbox"/> Legally licensed representative of the person named on the record |
|--|---|

- 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 man who is not the biological father (court order required)

There is a separate application if you need to add 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.

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

SIGNATURE(S) REQUIRED TO PROCESS APPLICATION: When two parents are named on the record, both parents' signatures and current, valid photo identification is 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

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.

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	\$
TOTAL ENCLOSED		\$

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.

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.

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.

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 do not have access to the records above, or who wish to order their birth certificate online, can order via <http://vitalchek.com>. VitalChek verifies identity through questions about the applicant's past addresses, family, and other information. VitalChek is the only online service provider approved for establishing identity without documentation.