

FEES/PROCESSES FOR CHANGE OF NAME OF AN ADULT

The 37th Circuit Court has assembled this packet as a resource for parties seeking to represent themselves in a name change matter. Courts and Court personnel are prohibited by law from giving legal advice. This packet is not a substitute for legal advice from an attorney but is intended only to provide parties the relevant court forms and instructions for their use.

HELP: Additional help is available, at no cost, at the **Michigan Legal Help** website. The Michigan Legal Help website helps parties prepare their court forms online for free. Name Change court forms and instructions can be found at:
<https://michiganlegalhelp.org/self-help-tools/family/name-change#>

Contact information for Calhoun County Michigan Legal Help Self Help Centers is included in this packet or at <https://michiganlegalhelp.org/organizations-courts/self-help-centers/michigan-legal-help-self-help-center-network-of-calhoun-county>

FEES: There is a filing fee of \$175.00 that must be paid to the Court at the time of filing by check or money order made payable to “37th Judicial Circuit.”

If you are not able to afford the filing fee you may qualify for a waiver of the fee. A “**Fee Waiver Request**” form is included in this packet or as a fillable PDF at:
<https://courts.michigan.gov/Administration/SCAO/Forms/courtforms/mc20.pdf>

A fee waiver from the Court does not waive fees that must be paid other agencies such as to law enforcement for fingerprinting, a newspaper for publication, service fees if you have to serve another party, and/or the fee paid to the State for amending the birth certificate. Those fees are owed directly to those third parties, not to the Court.

FILING: File a “**Petition to Change Name**” (Form PC51) and required documents to start the process of changing your name.

A Petition to Change Name is included in this packet or as a fillable PDF at:
<https://courts.michigan.gov/Administration/SCAO/Forms/courtforms/pc51.pdf>

BIRTH CERTIFICATE: A certified copy of the Birth Certificate of each person who is requesting a name change must be filed with Petition to Change Name. If your current name does not match your birth certificate, please file supporting documentation such as a Marriage Certificate and Judgment of Divorce when you file your Petition

HOW TO FILL OUT THE PETITION TO CHANGE NAME:

Paragraph #1: Indicate any previous court cases such as a support, divorce, paternity, custody and parent time, name change, adoption, neglect/abuse, guardianship, delinquency

Paragraph #2: Indicate whether petition is only to change your name or whether a spouse or child is included in the petition. (If a child is included, see instructions for children.)

Paragraph #3: You must say why you want to change your name.

Paragraph #4: Attest that the name change is not sought for any fraudulent intent. You cannot change your name for fraudulent reasons. Fraudulent reasons include wanting to deceive creditors or escape a criminal history.

Paragraph #5 – Name any petitioner(s) that has/have a criminal record. Every person who wants their name changed will be asked if they have a criminal record but only those **aged 22 years old or older** are required to apply to the Michigan State Police for criminal history background check. (See Criminal Background Check below.)

Paragraph #6 – Attest that each person for whom a name change is sought has been a resident of Calhoun County for at least one year.

Paragraph #7 – Information about any minor child included in the Petition. (If a child is included, see separate instructions for children.)

Paragraph #8 – List the current first, middle, and last name of each Petitioner (under the column “From”) and the first, middle, and last name that the Petitioner wants (under the column “To”) and each Petitioner’s date of birth.

Paragraph #9 - If you want to seal your original birth certificate, you must indicate that at this paragraph.

Before filing with the clerk, you must sign the Petition and make a copy of the signed Petition for each interested party. You will serve each interested party with a copy of your Petition.

COMMON REASONS FOR PETITIONS TO BE REJECTED/DENIED:

AT TIME OF FILING:

- No check or money order for filing fee.
- Petitioner does not provide a certified copy of a Birth Certificate or other supporting documents about the current name you are seeking to change.
- Petitioner has not signed the Petition.

AT TIME OF HEARING:

- Failure to provide Criminal Background Check.
- Failure to meet requirement to publish notice of name change in a local newspaper.

CRIMINAL BACKGROUND CHECK: Every person 22 years of age or older who is requesting a name change must have a criminal background check.

- When:** Immediately after filing your petition with the court to avoid delaying your hearing. The reason the case is filed with the court first is because you must give the case number assigned to your case by this court when you fill out your fingerprint card.
- Where:** Make an appointment to be fingerprinted with a local police agency. The cost to get fingerprinted varies between local agencies in the County.
- How:** Mail your fingerprint cards, a copy of your Petition to Change Name, and a check or money order made out to “State of Michigan” for \$43.25 (per person) to:
Michigan State Police Department, CJIC, P.O. Box 30266, Lansing, MI 48909
- What Next?** When the MSP have completed a search of state police records and have gotten information requested from the Federal Bureau of Investigations, the MSP will mail your completed background check directly to the court. This usually takes 3-5 weeks. **The /court will not schedule your hearing for your name change until after we receive the report from the Michigan State Police!!**

PUBLICATION: All notices of name change hearings must be published in a local newspaper. This gives people your name change may affect (like your creditors) a chance to object.

When the court gets your criminal background report from the Michigan State Police, it will schedule a hearing. When your hearing is scheduled, the Court will mail you a “**Publication of Notice of Hearing**” for Name Change form with the date and time of the Court has scheduled for your hearing.

You must contact a local newspaper immediately to ask them to publish your notice. The cost will vary depending on the newspaper. Two local options in Calhoun County are:

- **Battle Creek Shopper News:** Attention J-Ad Graphics, Fax (269)968-8586, or email to erin@j-adgraphics.com. Cost is \$60.10.
- **Battle Creek Enquirer:** Attn: Legals/Kelly, P.O. Box 787, Neptune, NJ 07753. Cost is \$63.50.

The newspaper must complete the details of the Affidavit of Publication that must list the qualifications of newspaper and the dates the notice was published. The publication must say: “The result of the hearing may be to bar or affect any interested persons interest in the above matter.” Some newspapers have a standard affidavit form they use. If the newspaper publishing your notice does not, you may download an Affidavit of Publication Form at https://www.michigan.gov/documents/272f_2986_7.pdf

After the newspaper publishes the notice of hearing, they will provide you with a copy of the published notice and Affidavit of Publication. **YOU MUST SUBMIT THOSE TO THE COURT (THE NEWSPAPER WILL NOT DO IT FOR YOU)!**

The judge will NOT hold a hearing on your petition without receiving the required Affidavit of Publication and a copy of the published notice!

The Notice of Hearing must be published at least 14 days prior to the hearing.

The Affidavit of Publication must be filed with the court at least seven days prior to your hearing date, or you risk your petition being dismissed and having to start over!

HEARING: On the day of your hearing, bring any documents that are related to your name change. It is always a good idea to have two copies of the documents, so you can give the judge one.

If your petition is approved, the judge will complete and sign the order. If you want a certified copy of the order, it costs another \$10.

AMENDED BIRTH CERTIFICATE: If you were born in Michigan, to obtain a copy of a new birth certificate, you will need to submit a certified copy of your court order, an

application form, and a fee to: **State of Michigan, Department of Public Health, 3423 N. Logan Street, PO Box 30195, Lansing, Michigan 48909.**

The Application to Correct or Change a Michigan Birth Record form is in this packet or may be downloaded at: https://www.michigan.gov/documents/over6_6643_7.pdf

If you were not born in Michigan, you will have to contact the office responsible for vital records in the State in which you were born.

GENDER IDENTIFIERS: The Court cannot change your Gender Identifier, however, per Michigan Vital Records, upon completion of a name change hearing, when the parties file an Application to Correct or Change a Michigan Birth Record form, an individual can change their gender identity if they also attach a medical affidavit from the doctor that performed the gender reassignment surgery. If you have further questions, please contact Vital Records at 517-335-8666.

To change the gender marker on your Michigan ID or driver's license, complete the Michigan Secretary of State Sex Designation Form, which can be downloaded at: https://www.michigan.gov/documents/sos/Gender_Change_form_Fillable_671603_7.pdf This form does not require any medical treatment or surgical history in order to change your gender marker. When you sign the form, you are swearing the reason you want to change the gender marker is so that your ID can accurately reflect your identity.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	FEE WAIVER REQUEST	CASE NO. and JUDGE
37th Calhoun		
Court address 161 E Michigan Ave, Battle Creek, MI 49014		Court telephone no. (269) 969-6518
Plaintiff/Petitioner's name, address, and telephone no.	v	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.
In the matter of _____		

Instructions: Complete this form and file it with the court. If this request is filed by a prisoner, a certified statement of the prisoner's trust account showing a current balance and a 12-month history of deposits and withdrawals must accompany this form. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

- 1. I receive the following type(s) of public assistance because of indigence:
 - Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
 - Medicaid (including Healthy Michigan, CHIP, and ESO)
 - Family Independence Program through the State of Michigan (also known as FIP or TANF)
 - Women, Infants, and Children benefits (WIC)
 - Supplemental Security Income through the federal government (SSI)
 - Other means-tested public assistance: _____
 My public assistance case number(s) (if any) is _____
Write "none" if no case number. Do not write your SSN.

- 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is _____

- 3. I am unable to pay the fees and I did not check item 1 or 2 above.
 - My gross household income is \$ _____ every _____
Week/Two weeks/Month/Year
 - The number of people in my household is _____
 - My source of income is _____
 - List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

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

Date	Signature
Approved, SCAO Form MC 20, Rev. 9/23 MCR 2.002 Page 1 of 2	Distribute form to: Court Applicant Other parties Friend of the court (when applicable)

CLERK WAIVER

1. Payment of filing fees is waived.

Signature of court clerk and date

ORDER

IT IS ORDERED:

1. Payment of filing fees is waived because:
- a. Your gross household income is under 125% of the federal poverty guidelines.
 - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
 - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

2. The fee waiver request is denied because:
- a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
 - b. Other:

Judge/Magistrate (when authorized) signature and date

NOTICE

IF YOUR REQUEST WAS DENIED: To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

Issue date (completed by clerk)

37th STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR NAME CHANGE	CASE NO. and JUDGE
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Court address 161 E Michigan Ave, Battle Creek, MI 49014 **Court telephone no.** (269) 969-6518

- A. You must complete form *PC 51* or *PC 51c* to begin a name change proceeding. Use this form (*PC 51*) unless you have good cause not to publish notice of your name change proceeding, such as you believe publication of the notice of hearing will put you or another individual in danger of physical harm, or at risk of unlawful retaliation or discrimination. If you have good cause, use form *PC 51c, Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record* to ask the court for permission not to publish a notice about the name change and to keep the record confidential.
- B. Unless you have received permission not to publish, the law requires that notice of hearing about the petition be published in a newspaper. You must file a completed *PC 50, Publication of Notice of Hearing Regarding Petition for Name Change*, with the court. Contact the court clerk for information about when *PC 50* must be submitted.
- C. 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 _____
Current 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 their 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 _____ Name (Attach letters of guardianship.)

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.)

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

	FROM (current name)	TO (proposed name)	DATE OF BIRTH
Petitioner	First:	First:	Put DOB in Ref. No. row 10 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Spouse	First:	First:	Put DOB in Ref. No. row 11 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 12 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 13 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 14 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	

Note: 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(s) of _____ at birth and to seal the original certificate.
Name(s)

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's signature

Petitioner's attorney signature

<p style="text-align: center;">STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</p> <p>37th Calhoun</p>	<p>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</p>	<p>CASE NO. and JUDGE</p>
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Court address Court telephone no.
 161 E Michigan Ave, Battle Creek, MI 49014 (269) 969-6518

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

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). 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:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public 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 public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public 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

STATE OF MICHIGAN 37th JUDICIAL CIRCUIT - FAMILY DIVISION Calhoun COUNTY	PUBLICATION OF NOTICE OF HEARING REGARDING PETITION FOR NAME CHANGE	CASE NO. and JUDGE
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Court address 161 E Michigan Ave, Battle Creek, MI 49014	Court telephone no. (269) 969-6518
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Use note: Use this form for the required publication of notice **unless** you have an order granting a request for nonpublication. If you have an order for nonpublication, but must publish a notice to a noncustodial parent, use form *PC 50c, Publication of Notice of Hearing Regarding Petition for Name Change (Noncustodial Parent)*.

In the matter of _____
Current first, middle, and last name(s) (type or print)

Publish only the information contained in the box below.

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: _____ has filed a petition for name change.
Petitioner's name

A name change 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

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

Furnish _____ copies to _____.

Furnish affidavit of publication to the court. petitioner.

Forward statement for publication charges to _____.

STATE OF MICHIGAN PROBATE COURT Calhoun 37th COUNTY CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
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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>Attorney name (type or print)</small>	_____ <small>Bar no.</small>	_____ <small>Date</small>
_____ <small>Address</small>	_____ <small>City, state, zip</small>	_____ <small>Signature</small>
_____ <small>City, state, zip</small>	_____ <small>Telephone no.</small>	_____ <small>Name (type or print)</small>
_____ <small>City, state, zip</small>	_____ <small>Telephone no.</small>	_____ <small>Address</small>
_____ <small>City, state, zip</small>	_____ <small>Telephone no.</small>	_____ <small>City, state, zip</small>
_____ <small>City, state, zip</small>	_____ <small>Telephone 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

STATE OF MICHIGAN PROBATE COURT COUNTY OF CALHOUN	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

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 Processing Fee	\$25.00	\$
TOTAL ENCLOSED:		\$

REQUIRED DOCUMENTATION Original documents 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 typically 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 a 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 (5) years old or older showing the correct information.

For more information on documents needed, visit our FAQs on our website at 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 Original documents will not be returned to you

To change a Michigan birth record, a copy of 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 a copy of 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 or call our office at 517-335-8666.

PROCESSING TIME Prepaid self-addressed envelopes will NOT be used by our office

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.

Note: Applications sent to the Vital Records post office box with an overnight delivery are not received in the Vital Records office 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.



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:

- o The Fingerprint Card – DO NOT FOLD
- o A copy of the Petition to Change Name with court file Number on it
- o 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