

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.

MICHIGAN LEGAL HELP

Helping Michigan residents solve their legal problems

Michigan Legal Help Self Help Center Network of Calhoun County

Related Counties CALHOUN

***Please note, many changes have been made to the hours and availability of the Calhoun County Self-Help Center Network in response to the COVID-19 pandemic. The Homer, Tekonsha, and Willard Public Library locations of the self-help center are now open during temporary hours. The Albion District Library is open for in-person visits by appointment and curbside service. The Helen Warner Public Library branch is closed to in-person visits but has curbside service during temporary hours. Please learn more below.**

The Homer Public Library location is open during the following temporary hours until further notice

Monday - Wednesday: 10 am - 5 pm

Thursday: 10 am - 6 pm

Friday: 10 am - 4 pm

Saturday: 9 am - 12 pm

Sunday: CLOSED

The Tekonsha Township Library location is open during the following temporary hours until further notice.

Monday & Friday: 10 am - 5 pm

Tuesday & Thursday: 3 pm - 7 pm

Saturday: 10 am - 2 pm

Wednesday & Sunday: CLOSED

The Willard Public Library location is open during temporary hours until further notice. At this time, in-building visits are limited to one hour per day and computer assistance is only available remotely. Please contact the information desk to schedule an appointment if you need assistance. The library's hours of operation are as follows:

Monday - Thursday: 9 am - 8 pm

Saturday: 10 am - 5 pm

Sunday: CLOSED

The Albion District Library location is open for in-person visits by appointment only. These visits are limited to 30 minutes. Contact the library at (517) 629-3993 to schedule an appointment. The library is also open for curbside service. View the library's current hours below.

Monday - Thursday, 9 am - 8 pm

Friday, CLOSED

Saturday: 10 am - 5 pm

Sunday, CLOSED

The Helen Warner Branch Library location is CLOSED to in-person visits. However, the library is open for curbside service (which includes printing) for the following temporary hours:

Monday - Friday: 10 am - 6 pm

Saturday, 10 am - 12 pm

We apologize for any inconvenience this may cause. For more information about COVID-19 and how this might affect a court hearing you have or a specific legal issue, please visit [How will the COVID-19 \(Coronavirus\) Emergency Affect My Legal Problem?](#)

The Michigan Legal Help Self Help Center Network of Calhoun County has several branches where you can access computers, internet, and Michigan Legal Help materials. The network branches are located at the following public libraries.

- Willard Public Library: 7 W. Van Buren Street in Battle Creek.
- Helen Warner Branch Library: 36 Minges Creek Place in Battle Creek
- Homer Public Library: 141 W. Main Street in Homer.
- Albion District Library: 501 S. Superior Street in Albion.
- Tekonsha Township Library: 230 S. Church Street in Tekonsha.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO. and JUDGE
--	---------------------------	---------------------------

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. 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 10/19 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)

STATE OF MICHIGAN 37th JUDICIAL CIRCUIT - FAMILY DIVISION Calhoun COUNTY	PETITION TO CHANGE NAME	CASE NO. and JUDGE
---	--------------------------------	---------------------------

Court address 161 E Michigan Ave, Battle Creek, MI 49014	Court telephone no. (269) 969-6518
--	--

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 _____
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
 and _____ Deceased
 Parent Parent Name

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

STATE OF MICHIGAN JUDICIAL DISTRICT 37th JUDICIAL CIRCUIT Calhoun COUNTY	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
---	---	---------------------------

Court address 161 E Michigan Ave, Battle Creek, MI 49014	Court telephone no (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 FOR NAME CHANGE	CASE NO. and JUDGE
---	---	---------------------------

Court address 161 E Michigan Ave, Battle Creek, MI 49014 **Court telephone no.** (269) 969-6518

In the matter of _____
First and last name of child(ren)

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

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

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 _____.

STATE OF MICHIGAN PROBATE COURT Calhoun COUNTY 37th CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
--	-----------------------	-----------------

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

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

Do not write below this line - For court use only

PROOF OF PUBLICATION AFFIDAVIT

INSTRUCTIONS

PUBLISHER: Prepare in triplicate. Send all affidavits, with a copy of the final publication attached, to the County Clerk

County of _____

_____ being duly sworn, testifies that he/she

is _____ of the _____

a newspaper published at _____ and circulated in the above county and that he/she is familiar with the facts and that the notice, a copy of which is attached, was published in said newspaper once each week for three consecutive weeks (three publications) prior to the time fixed for the hearing thereof, and that the publications were made on the

_____ day of _____ 20 _____

_____ day of _____ 20 _____

_____ day of _____ 20 _____

Dated _____

Signature of Publisher

State of Michigan)

) ss

County of _____)

On the _____ day of _____ 20 _____, the foregoing instrument was acknowledged

before me by _____

Notary Public

My Commission expires _____

STATE OF MICHIGAN 37th JUDICIAL CIRCUIT - FAMILY DIVISION Callhoun COUNTY	ORDER FOLLOWING HEARING ON PETITION TO CHANGE NAME (Part 1)	CASE NO. and JUDGE
Court address 161 E Michigan Ave, Battle Creek, MI 49014		Court telephone no. (269) 969-6518

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

THE COURT FINDS:

1. A petition for name change has been filed.
2. Notice of hearing was given by publication.
3. Each person for whom a name change is sought has been a resident of the county for at least one year.
4. The court has received the required criminal record report(s) from the Michigan Department of State Police
5. _____ has a criminal record.
Name (type or print)
6. The request for the name change of _____
Name (type or print)
 - is is not made with fraudulent intent
7. The petitioner, having legal custody, requests the name change of a minor. The noncustodial parent has consented to the name change
8. 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 138b), 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.
9. The minor(s) 14 years of age or older signed a written consent to change name in the presence of the court.
10. The minor(s) under the age of 14 has/have stated a preference to a name change.
11. The minor(s) is/are not of sufficient age to express a preference to a name change.

12. 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

13. 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.

14. The request to change the name of _____ is denied.
Name

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

Judge signature and date

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.

STATE OF MICHIGAN 37 th JUDICIAL CIRCUIT - FAMILY DIVISION Calhoun COUNTY	ORDER FOLLOWING HEARING ON PETITION TO CHANGE NAME (Part 2)	CASE NO. and JUDGE
Court address 161 E Michigan Ave, Battle Creek, MI 49014		Court telephone no. (269) 969-6518

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

THE COURT FINDS:

1. A petition for name change has been filed.
2. Notice of hearing was given by publication.
3. Each person for whom a name change is sought has been a resident of the county for at least one year.
4. The court has received the required criminal record report(s) from the Michigan Department of State Police.
5. _____ has a criminal record.
Name (type or print)
6. The request for the name change of _____
Name (type or print)
 - is is not made with fraudulent intent
7. The petitioner, having legal custody, requests the name change of a minor. The noncustodial parent has consented to the name change.
8. 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
9. The minor(s) 14 years of age or older signed a written consent to change name in the presence of the court.
10. The minor(s) under the age of 14 has/have stated a preference to a name change.
11. The minor(s) is/are not of sufficient age to express a preference to a name change.

12. 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

13 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.

14. The request to change the name of _____ is denied
 Name

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

 Judge signature and date

 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.

STATE OF MICHIGAN PROBATE COURT COUNTY OF CALHOUN	PROOF OF SERVICE	FILE NO.
--	-------------------------	-----------------

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 (PERSON REQUESTING CHANGE OR CORRECTION)	PLEASE PRINT CLEARLY AND LEGIBLY
---	---

Applicant's Name		
Address (Cannot send to General Delivery)		City/State. Zip.
Daytime Phone Required _____ ext _____	Notifications by email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		
To protect from identity theft, PHOTO IDENTIFICATION <u>must</u> be presented along with this application. (See back for details)		

ELIGIBILITY (Please check which category makes you eligible to request this change or correction)
--

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

TYPE OF CHANGE OR CORRECTION REQUESTED (Please indicate below which type of change or correction you are requesting)

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

INFORMATION NEEDED TO LOCATE BIRTH RECORD TO BE CHANGED If any birth information is unknown, please indicate unknown	STATE FILE NUMBER (If known)
--	-------------------------------------

NAME AT BIRTH	GENDER	DATE OF BIRTH
First Middle Last	<input type="checkbox"/> Male <input type="checkbox"/> Female	(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	City	County
Hospital		
PARENT/MOTHER'S NAME BEFORE FIRST MARRIED	PARENT/FATHER'S NAME BEFORE FIRST MARRIED	
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 (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

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](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.



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: mssp-crd-applhelp@michigan.gov