Jodi Fetting Tuscola County Clerk www.tuscolacounty.org



440 N. State Street Caro, MI 48723 989-672-3780

PROCEDURE FOR A LEGAL NAME CHANGE OF PERSONS 18-21 YEARS OF AGE

- 1. Complete the "Petition to Change Name" and file with \$175.00 filing fee and self addressed stamped envelope.
- 2. We will send you 2 copies of a "Notice of Hearing" in the self addresses stamped envelope you provided us. One copy is for you, the other copy you will need to take to *any newspaper published in Tuscola County* to be published. You will directly pay the newspaper for that process.
- 3. After it is published, the newspaper will provide you with a "Proof of Publication".

The day of the hearing, you will need to bring the "Proof of Publication" with you.

THE JUDGE WILL NOT CONDUCT THE HEARING WITHOUT IT

IF YOU WANT TO CHANGE YOUR NAME ON YOUR BIRTH CERTIFICATE YOU MUST COMPLETE THE REQUEST ON THE "PETITION TO CHANGE NAME".

After the Judge signs the Final Order, you will receive a True Copy of the order to submit with the application for an amended birth record (if requested).

You will also be able to purchase a Certified Copy of the order for \$10.00

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY

PETITION TO CHANGE NAME

CASE NO. and JUDGE

	COUNTY	PETITION TO CI	TANGE NAME		
Court ac	Idress			Court telephone no	 5.
F	This petition must be accompanied person 22 years of age or older who nichiganlegalhelp.org.			er MCR 3.613 (see PC 50). Every al background check. For details, go to	
In the r	natter of Present first, middle, and las	st name(s) (type or print)			_
Petition	er's name, address, and telephone no.		Petitioner's attorney, bar	no., address, and telephone no.	
☐ 1. <i>/</i>	An action within the jurisdiction	of the family division of	circuit court involving t	he family or family members of	
ţ	person(s) named above has/ha	ve been previously filed	in	Cour	t,
		, was assigned to onling.	Judge		- 1
	form PC 51b.) o. an adult.	the petitioner has legal of	custody. (For a minor 14	years or older, written consent is required. See	
1 1 1	c. a minor, whose natural or ad			Deceas	ed
	and Parent	Market	Deceased	ī ·	
	Both parents are decease (Attach letters of guardianship.)	d. The guardian is Name			
3. Th	e name change is for the follow	ing reason:			
4. Th	e name change is not sought fo	or any fraudulent intent.			
5. Th	e following person(s) seeking a	name change has/have	a criminal record:		
6. Ea	ch person for whom a name ch	ange is sought has beer	n a resident of the cou	nty for at least one year.	

Petition to Change Name (4/21) Page 2 of 3	Case No.
Note: Skip item 7 if the noncustodial parent consents to the name 7. I have legal custody of the minor.	change or if there is not a noncustodial parent.
a. The noncustodial parent has had the abil substantially failed or neglected to do so either:	y to visit, contact, or communicate with the child and has regularly an or a period of two years or more before the filing of this petition and
 a support order has been entered, an order for a period of two years or mor a support order has not been entered supporting the child, has failed or neg before the filing of this petition. 	the noncustodial parent has failed to substantially comply with the before the filing of this petition; or and the noncustodial parent, having the ability to support or assist in acted to provide regular and substantial support for two years or more ad of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b)
750.520c, 750.520d, or 750.520e), or assault will or a sibling of the child was the victim. (All c. The noncustodial parent has been conviction (MCL 750.317). (Attach judgment of sentence.)	intent to commit criminal sexual conduct (MCL 750.520g) and the child
☐ The noncustodial parent is not living at the	above address, and I have taken the following steps to locate him/he
8. I request the following name change(s): (Type or	rint first name, middle name, and last name.) TO DATE OF BIRTH
Petitioner FROM	Put DOB in Ref. No. row 10 on MC 97
Spouse	Put DOB in Ref. No. row 11 on MC 97
Minor child	Put DOB in Ref. No. row 12 on MC 97
Minor child	Put DOB in Ref. No. row 13 on MC 97
Minor child	Put DOB in Ref. No. row 14 on MC 97
Minor child	Put DOB in Ref. No. row 15 on MC 97
Minor child	Put DOB in Ref. No. row 16 on MC 97
If you want a new live birth certificate, check item 9. A special or	er is not needed if you only want to add the changed name(s) to the original certificate(
9. I request the court to order the State Registra	to create a new live birth certificate that does not disclose the name
Name	at birth and to seal the original certificat
I declare under the penalties of perjury that this per of my information, knowledge, and belief.	ion has been examined by me and that its contents are true to the be
Date	Petitioner signature

Petition to Change Name (4/21) Page 3 of 3	Case No.		
SIGNATURE OF PARENT/GUARDIAN FOR MINOR			
Date	Date		
Signature	Signature		
Name (type or print)	Name (type or print)		
Address	Address		
City, state, zip Telephone no.	City, state, zip Telepho	ne no.	
CONSENT BY SPOUSE OF PETITIONER If the petition is filed and the spouse of the petitioner and consent to the granting of the petitioner.	d for a spouse, this consent must be signed by the spouse of the peti	itioner.	
Date			
Signature	Address		
Name (type or print)	City, state, zip Telepho	one no.	
Attorney signature	Address		
Attorney name (type or print) Bar no.	City, state, zip Telepho	one no.	

STATE OF MICHIGAN

CASE NO. and JUDGE

	JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	INOTEOTEDIENOUNAL				
Court ac	ldress				Cou	urt telephone no.
Plaintiff	's/Petitioner's name		v	Defendant's/Responden	t's name	
In the	matter of					
undei	orm is nonpublic because it cont MCR 1.109(D)(9)(a). Use this for erson is a plaintiff, petitioner, or c	orm to provide PII or	nly for	r a person who is a c		
• V d • P	uctions: When PII (such as date of birth) nocument. Instead, you must provice only the protected PII resequires you to provide a date of light of the control of the contro	vide it on this form. equired for your parti birth to the court, co	cular mplet	case. For example, te only that field on t	if you are filing a public do his form.	
Printed Instru type o	e of form/document that this MC d name of individual completing form and ctions: Provide the name of the person f PII in addition to the PII itself. Use the b	d date that the PII applies to, fo pelow reference number (llowed	by the specific PII that is	required to be provided. For Ot	her, specify the or example,
	'Ref. No. 1" in place of the DOB in the pr Name (required)	ublic document.	****			
1	Date of birth					
2	National ID no. / Last 4 digits of SSN XXX-XX					
3	Driver's License / State-issued ID no.					
4	Passport no.					
5	Other		-			
Ref No.	Jolarity Han reference number (Dof. No.	ancial institution and the a o.) when necessary to ref	accour er to a	it number. List the paragr ccount in public documer	aph that references the account nts.	, if needed for
6	Financial institution		Ac	count no.		Paragraph no.
7	Financial institution		Ac	count no.		Paragraph no.
8	Financial institution		Ad	ecount no.		Paragraph no.
9	Financial institution		Ad	count no.		Paragraph no.

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.mlchigan.gov/vitairecords

5.1 y

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

APPLICANT (PERSON REQUESTING CHANGE OR CORRECTION	N) PLEAS	E PRINT CLEA	RLY AND LEGIBLY			
Applicant's Name:	Driver's Lice State Identif					
Address: (Cannot send to General Delivery)	City/State:		Zip:			
Daytime Phone Required: ()	Olher Phone: ()				
To protect from identity theft, PHOTO IDENTIFICATION <u>must</u> be presented	along with this application.	(See back for de	etalls)			
ELIGIBILITY (Please check which category makes you eligible to	request this change or c	orrection)				
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.						
	Legal guardian of the perso	n named on the re	cord			
(Must be at least 18 years old or legally emancipated) Parent named on the record	Legally licensed representat	ive of the person r	named on the record			
TYPE OF CHANGE OR CORRECTION REQUESTED (Please inc	licate below which type of	change or corre	ection 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 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. 						
INFORMATION NEEDED TO LOCATE BIRTH RECORD TO BE CHANGED If any birth information is unknown, please indicate unknown STATE FILE NUMBER (If known)						
NAME		GENDER	DATE OF BIRTH			
AT BIRTH First Middle	Last	☐ Male ☐ 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 Change	First	Middle	Last			
PLACE OF BIRTH Hospital	City	Cour	-4.,			
MOTHER'S NAME	FATHER'S		119			
BEFORE FIRST MARRIED First Middle Last	NAME First	Middle	e Last			
SEE BACK FOR CURRENT FEES, PHOTO ID F						
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						
Ivedancemid Onalige	Date					
Other Signature	Data		1			

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. A 2-3 week rush processing is available for an additional fee.

Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$50.00	\$ 50,00
Additional Certified Copies	\$16.00 Each	\$
Rush Fee	\$25.00	\$
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

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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 <u>must</u> be presented along with the application and fees.

Tier 1 Documentation that establishes identily 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.