For help filling out this form, go to michiganlegalhelp.org

PCS Code: PNP
TCS Code: PNPR

STATE OF MICHIGAN

JUDICIAL CIRCUIT - FAMILY DIVISION

COUNTY

Court address

PETITION FOR NAME CHANGE AND EX PARTE REQUEST FOR NONPUBLICATION AND CONFIDENTIAL RECORD

Court telephone no.

CASE NO. and JUDGE

Α.	You must complete form PC 51 or PC 51c to begin a name change proceeding. Use form PC 51, Petition for Name change, 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 this form,

PC 51c, Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record.
B. Every person 22 years of age or older who is requesting a name change must have a criminal background check. For details, go to <u>michiganlegalhelp.org</u> .
n the matter of
n the matter of
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 $\ \square$ remains $\ \square$ 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
Parent
and Parent Deceased
☐ Both parents are deceased. The guardian is
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 ite	em 7 if the noncustodial parent consents to the	name change or if there is not a noncustodial pare	ent.	
	e legal custody of the minor.	iamo shango or il trioro lo not a nonociocada part		
	substantially failed or neglected to do	ability to visit, contact, or communicate w so for a period of two years or more be		
	either:	and the nanguatedial parent has failed t	to substantially comply with the	
		and the noncustodial parent has failed t nore before the filing of this petition; or	o substantially comply with the	
	a support order has not been enter supporting the child, has failed or n	ed and the noncustodial parent, having eglected to provide regular and substan		
□h	before the filing of this petition.	nvicted of child abuse (MCL 750.136b), crir	ninal sexual conduct (MCL 750 520h	
		t with intent to commit criminal sexual c		
	or a sibling of the child was the victim			
	The noncustodial parent has been cold (MCL 750.317). (Attach judgment of sentence.)	nvicted of first degree murder (MCL 750.3	16) or second degree murder	
	(MOL 730.317). (Allacit judgment of sentence.)	,		
8. I reques	t the following name change(s): (Type	or print)		
	FROM (current name)	TO (proposed name)	DATE OF BIRTH	
	First:	First:		
Petitioner	Middle:	Middle:	Put DOB in Ref. No. row 10 on MC 97a.	
	Last:	Last:		
	First:	First:		
Spouse	Middle:	Middle:	Put DOB in Ref. No. row 11 on MC 97a.	
	Last:	Last:		
	First:	First:		
Minor child	Middle:	Middle:	Put DOB in Ref. No. row 12 on MC 97a.	
	Last:	Last:		
	First:	First:		
Minor child	Middle:	Middle:	Put DOB in Ref. No. row 13 on MC 97a.	
	Last:	Last:		
	First:	First:		
Minor child	Middle:	Middle:	Put DOB in Ref. No. row 14 on MC 97a.	
	Last:	Last:		
Note: If you	want a new live hirth certificate, check item 9	A special order is not needed if you only want to	and the changed name(s) to the origina	
certificate(s).	want a new live birar coranicate, check term of	respectational to not needed if you only want to	and the changed hame(s) to the origina	
☐ 9. I requ	uest the court to order the State Registr	ar to create a new live birth certificate tha	at does not disclose the name(s) o	
		at hirth	and to seal the original certificate	
Name((s)	at bii ti	rand to sear the original certificate	
	est an ex parte order directing nonpubliquest is set forth in the sworn stateme	ication and a confidential record. Evider nt(s) included with this petition.	nce supporting good cause for	
	nder the penalties of perjury that this p mation, knowledge, and belief.	etition has been examined by me and th	nat its contents are true to the bes	
Date		Petitioner's signature		

Petitioner's attorney signature

Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record (7/23) Case No					
SWORN STATEMENT					
I am the \Box petitioner. \Box endangered individual: ${Name}$	·				
I state the following as evidence supporting good cause for the court to order that no publication about this proceeding be published and that the record of the proceeding be confidential.					
☐ 1. I fear that ☐ I ☐ Endangered individual	will be in danger, or the likelihood of such				
danger will increase, if a notice is published or the rec	ord of the proceeding is available for access because:				
2. I believe I Endangered individual	will be placed at risk of unlawful retaliation				
discrimination if a notice is published or the reco	ord of the proceeding is available for access because:				
☐ 3. Other reason supporting good cause: (explain)					
Note: The court must not require proof of an arrest or prosecution to reach	n a finding of good cause.				
I declare under the penalties of perjury that this statement has been examined by me and that its contents are true to the best of my information, knowledge, and belief.					
Date	Signature				
	Name (type or print)				

Petition for Name Change and Ex Parte Request for Nonpublication and C Page 4 of 4	confidential Record (7/23) 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	Telephone no.
	ed for a spouse, this consent must be signed by	γ 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	Attorney signature	
Name (type or print)	Attorney name (type or print)	Bar no.
Address	Address	
City, state, zip Telephone no.	City, state, zip	Telephone no.