Mail Application and Fee to:

Vital Records Changes P.O. Box 30721 Lansing, MI 48909

Michigan Department of Health and Human Services www.michigan.gov/vitalrecords

Application to Correct or Change a Michigan Birth Record

| | indicate "unknown". Incomplete applicati | |
|--|--|---|
| APPLICANT INFORMATION Must be 1 Full Name: (First) | 8 years old or older Co (Middle) | opy of valid Identification required (Last) |
| Parent/Guardian Legal First Name | Parent/Guardian Legal Middle Name | A septiment I is |
| Address: | City/State: | Zip: |
| Parent/Guardian Street Address | Parent/Guardian City & Stat | e Parent/Guardian Zip Code |
| Phone: | Email: | |
| Parent/Guardian Phone Number | Parent/Guardian Email | I Address |
| ELIGIBILITY | | |
| ☐ Child named on the record (Adult) | Legal guardian of the person named | on the record |
| Parent named on the record OF | Legally licensed representative of the | e person named on the record |
| TYPE OF CHANGE OR CORRECTION F | REQUESTED | |
| ☐ Correct/Change birth record for adult | ✓ Court ordered legal name change. (Court | rt order required) |
| ☐ Correct/Change birth record for minor | Remove a person who is not the biologic | cal parent (Court order required) |
| ☐ Name change for parents who have m | arried after the birth (Marriage record require | ed) |
| CHILD'S INFORMATION NEEDED TO L | OCATE CURRENT BIRTH CERTIFICATE | |
| Full Name on Birth Certificate: | Date o | f Birth: |
| Minors Full Old Name On The Birth | n Certificate Minor | s Date of Birth |
| Other Names Used: | | |
| Adoption Legal name change | Check desired box | |
| Place of Birth (City and County): Minors | | ∵ |
| PARENTS' INFORMATION ON CHILD'S | CURRENT BIRTH CERTIFICATE | |
| Mother/Parent Full Name at Birth: | Date | e of Birth: |
| Mothers Full Name On Birth Certifi | cate Mo | thers Date of Birth |
| Father/Parent Full Name at Birth: Fathers Full Name On Birth Certific | Dat Cate Fat | e of Birth: thers Date of Birth |
| CHANGES REQUESTED: Item as it curre | | S IT SHOULD APPEAR |
| Minors Old Full Legal Name | Minors New Full Le | gal Name |
| | | |
| | | |
| | | |
| SIGNATURE(S) REQUIRED TO PROCE If correcting a child's name that is over the age | SS APPLICATION If correcting a child's name of 15 and it is not court ordered, we also require | e all parents listed on record must sign. the child's signature. |
| Signature of Person Requesting Change: | Di | ate: |
| Parent/Guardian Legal Signature | | Today's Date |
| Other Signature: | Da | ate: |
| | | |

| 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 Fee | \$25.00 | \$ | |
| TOTAL ENCLOSED: | | \$ 50.00 | |

REQUIRED DOCUMENTATION

Do not send original documents they 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 usually 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 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 years old or older showing the correct information.

For more information on documents needed, visit our FAQ's 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

Do not send original documents they will not be returned to you

To change a Michigan birth record, 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 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

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 or shorter.

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

DCH-0847-CHGBX Rev 12-2022 MCL 333.2871(1) and 333.2891(3.10.11 and 13)

STATE OF MICHIGAN

SEX DESIGNATION FORM

Note: Only forms with original signatures are accepted. Faxed or photocopied forms will be rejected. This form only applies to the sex designation on your Michigan Birth Certificate. It does not affect any other municipal, state, or

| federal identification. This form is not a name-change documer you must submit a court ordered legal name change. Visi | | | | |
|--|---|--|--|--|
| Name: Minors Old Full Legal Name (Person named on record) | | | | |
| Date of Birth: Minors Date of Birth (Month / Day / Year) | | | | |
| I declare that the foregoing is true and correct. | | | | |
| I request that the sex designation on the birth ce | rtificate be changed from: | | | |
| From: | То: | | | |
| □Male □Female □ X* Check Old Designation | □ Male □ Female □ X* Check New Designation | | | |
| *(X is inclusive of all designations other than male and female, including intersex and unknown). | | | | |
| I hereby affirm that this request to change the sex designation on my or my child's Michigan Birth Certificate is to ensure that the birth certificate accurately reflects my or my child's identity and is not for fraudulent or other illegal purposes. I understand that if I have provided false information, I may be subject to civil and criminal penalties. (MCL 333.2894) | | | | |
| SIGNATURE OF PERSON ON RECORD: | DATE: | | | |
| PARENT/GUARDIAN SIGNATURE: Parent/ | Guardian Signature DATE: Today's Date | | | |
| | | | | |

- -To sign you must be the person named on the record 18 years old or older.
- -If under 18 a parent or legal guardian's signature is required.
- -If the child is over 15 years old, we require both the parent or guardian's signature and the child's signature.

If child is 15 or older they sign and date too on the line shown.