

Michigan Department of Health and Human Services

PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY

Child's Name	First	Middle	Last
PARENT(S) INFORMATION*			
Current Legal Name **	First	Middle	Last
Name Before First Married (If Applicable)	First	Middle	Last
Date of Birth **	Month	Day	Year
State of Birth (Or country, if not USA)			
Social Security Number			
Parent Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
* <input type="checkbox"/> Check here if the parents should be listed as Parent and Parent rather than Mother and Father			

PARENT(S) INFORMATION														
Parent(s) name and complete mailing address are needed to mail the new record. Please provide a phone number to contact you if there are questions regarding the new record.														
Name(s)														
Mailing Address														
City/State/Zip										County of Residence				
Daytime phone to contact you				Area Code & Number										

Establish New Birth Record Following an Adoption (Fee includes one (1) certified copy of the record)	\$ 50.00	\$ 50.00
_____ Additional Certified Copies	\$ 16.00 Each	\$
Rush Fee (2-3 weeks processing)	\$ 25.00	\$
TOTAL ENCLOSED:		\$

Signature of Other Person Adopting (If Applicable)

INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH RECORD

Childs Name at Birth	First	Middle	Last
Childs Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Childs Date of Birth	Month	Day	Year
Childs Place of Birth	City	County	
Name of Birthing Hospital (If Available)			
Biological Mothers Name Before First Married	First	Middle	Last

COURT CERTIFICATION

The Family Division of Circuit Court of _____ County, Michigan

I hereby certify that the child named above was adopted in accordance with Michigan law on _____
(Month, Day, Year)
by the person(s) listed as the parent(s) for the adoptive birth record, as set forth in the final decree of adoption.

CASE NO. _____

Judge

By _____
Clerk of the Court

SEAL

For additional information:

Vital Records Changes
(517) 335-8660
Mon-Fri 8:00 am - 5:00 pm ET

MAIL REPORT AND PROPER FEE TO:

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