

Jodi Fetting  
Tuscola County Clerk  
www.tuscolacounty.org

Tuscola County Clerk's Office



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

**PROCEDURE FOR A LEGAL NAME CHANGE OF PERSONS  
17 YEARS OF AGE AND UNDER**

1. Complete the "Petition to Change Name" and file with \$175.00 filing fee and self-addressed stamped envelope.
2. If parents are **NOT** together, you must mail the other parent a copy of the "Petition to Change Name", and file the Proof of Service with this Court proving you did so.
3. If parents are together, both parents **MUST** sign the "Petition to Change Name".
4. 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.
5. 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**
6. If the child is 14 years of age or older, they **MUST** appear at the hearing to sign a consent in front of the Judge.

**IF YOU WANT TO CHANGE THE CHILD'S NAME ON THEIR BIRTH CERTIFICATE YOU MUST COMPLETE #9 ON THE "PETITION TO CHANGE NAME".**

**A LEGAL NAME CHANGE WILL ONLY CHANGE THE CHILD'S NAME. IT WILL **NOT** CHANGE A PARENT ON THE BIRTH CERTIFICATE**

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

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITION TO CHANGE NAME</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

**Note:** This petition must be accompanied by a notice of hearing prepared for publication under MCR 3.613 (see PC 50). 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 \_\_\_\_\_ Parent  Deceased and \_\_\_\_\_ Parent  Deceased.

Both parents are deceased. The guardian is \_\_\_\_\_ Name (Attach letters of guardianship.)

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 JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

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 defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

**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 97 is being filed with: \_\_\_\_\_

Printed name of individual completing form and date \_\_\_\_\_

**Instructions:** Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
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.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

STATE OF MICHIGAN JUDICIAL CIRCUIT-FAMILY DIVISION COUNTY	MINOR'S CONSENT TO CHANGE NAME	FILE NO.
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In the matter of the name change of \_\_\_\_\_  
Present first name, middle name, and last name (type or print)

1. I consent to change my name as stated in the petition filed on \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's signature

In my presence, the minor who is the subject of this petition signed this consent before me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.

**NOTE:** A minor 14 years of age or older must sign a written consent in the presence of the judge before an order to change name can be entered for that minor. The written consent may be signed at the hearing on the petition to change name.

STATE OF MICHIGAN  
14th JUDICIAL CIRCUIT - FAMILY DIVISION  
Tuscola COUNTY

**PROOF OF SERVICE/NONSERVICE**

CASE NO.  
PETITION NO.

USE NOTE: This form is not to be used for  
proof of service of a summons or for publication

Court address  
440 N State St, Caro, MI 48723

Court telephone no.  
(989) 672-3850

1. In the matter of  
(name[s], alias[es], DOB)

Date of hearing: \_\_\_\_\_

2. I served PETITION TO CHANGE NAME as follows:  
(specify the titles of the papers served)

**SERVICE BY MAIL** On \_\_\_\_\_ I served the above papers, copies of which are either attached or were  
previously filed with the court, on the following person(s) by  ordinary  certified  registered mail, addressed to  
their last known address(es).

NAME	ADDRESS

I declare that this proof of service by mail has been examined by me and that its contents are true to the best of my information,  
knowledge, and belief.

\_\_\_\_\_  
Date Signature

**PERSONAL SERVICE** Copies of the above papers were served personally by me on the following person(s):

NAME	PLACE OF SERVICE	DATE AND TIME

I declare that this proof of personal service has been examined by me and that its contents are true to the best of my information,  
knowledge, and belief.

\_\_\_\_\_  
Date Signature

**NONSERVICE** After diligent inquiry, I have been unable to find and serve the following person(s):

NAME	REASON

I declare that this proof of nonservice has been examined by me and that its contents are true to the best of my information,  
knowledge, and belief.

\_\_\_\_\_  
Date Signature

# 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: ( ) \_\_\_\_\_ Other Phone: ( ) \_\_\_\_\_

To protect from identity theft, PHOTO IDENTIFICATION must 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

NAME AT BIRTH			First			Middle			Last			GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH (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															
PLACE OF BIRTH															
				Hospital				City				County			
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	\$
<b>TOTAL ENCLOSED</b>		\$

**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>, 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.