

APPLICATION TO ESTABLISH DELAYED REGISTRATION OF FOREIGN BIRTH

Michigan Department of Health and Human Services

PLEASE READ AND FOLLOW INSTRUCTIONS

For additional information:

Vital Records Changes

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

MAIL APPLICATION AND PROPER FEE TO:

Vital Records Changes

P.O. Box 30721

Lansing MI 48909

PARENT(S) INFORMATION		PLEASE PRINT CLEARLY AND LEGIBLY									
Parent(s) names and complete mailing address are needed to mail the new record. Please provide a phone number to contact you if there are questions regarding this request.											
Name(s):											
Mailing Address (Cannot send to General Delivery):											
City/State/Zip:											
Daytime phone to contact you:	Area Code & Number										

INFORMATION REQUIRED TO PREPARE THE ADOPTIVE BIRTH RECORD				
Child's Name	First	Middle	Last	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	This Birth - Single, Twin, Triplet, etc. (Specify)	If Not Single - Born 1 st , 2 nd , 3 rd , etc. (Specify)	Date of Birth (Month, Day, Year)	Time of Birth
Country of Birth				
Parent(s) Current Legal Name	First	Middle	Last	First
Name Before First Married (If Applicable)	First	Middle	Last	First
Date of Birth	Month	Day	Year	Month
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				

SIGNATURE(S)

This form should be signed by the adoptive parent(s) with his/her current name(s). The adoptive parent(s) should verify information listed for the adoptive birth record.

Signature of Person Adopting_____
Signature of Other Person Adopting (if applicable)**COURT CERTIFICATION**

The Probate Court of _____ County, Michigan

I hereby certify that this court has acknowledged the birth facts of the foreign born child, and the identified information about the adoptive parents dated

Month Day Year

CASE NO. _____

JudgeBy _____
Probate Register

SEAL

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

PAYMENT - The fee for establishing a delayed registration of foreign birth is \$50.00 and includes one copy of the new record. Additional copies of the new record are available for \$16.00 each when ordered at the same time. Normal processing time is 5-6 weeks. **Payment must be made by check or money order payable to the State of Michigan. The new birth record will not be created until the recording fee has been paid.**

Establish Delayed Registration of Foreign Birth (Non-Refundable) Fee includes one (1) certified copy of the new record	\$ 50.00
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_____ Additional Certified Copies \$16.00 each	\$
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TOTAL ENCLOSED:	\$
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PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined and/or imprisoned. MCL 333.2894(1)(b) and (c).