

**APPLICATION TO
ESTABLISH DELAYED REGISTRATION OF FOREIGN BIRTH**

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) 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 this request.											
Name(s):											
Mailing Address:											
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				
Mother's Name (First, Middle, Last)		Mother's State of Birth (or Country, if not U.S.)		Mother's Date of Birth (Month, Day, Year)
Mother's Surname Before First Marriage		Mother's Residence	Mother's County of Residence	Mother's State of Residence
Mother's Social Security Number				
Father's Name (First, Middle, Last)		Father's State of Birth (or Country, if not U.S.)		Father's Date of Birth (Month, Day, Year)
Father's Social Security Number				

SIGNATURE(S)	
<p>This form should be signed by the adoptive parents with their current names. The adoptive parents should verify information listed for the adoptive birth record.</p>	
<p>_____</p>	<p>_____</p>
K Signature of Person Adopting	K Signature of Husband or Wife (if married)

COURT CERTIFICATION	
<p>The Probate Court of _____ County, Michigan</p> <p>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 _____</p> <p style="text-align: center; margin-left: 100px;"> _____ Month Day Year </p> <p style="text-align: right; margin-right: 100px;"> CASE NO. _____ _____ Judge </p> <p style="text-align: right; margin-right: 100px;"> By _____ Probate Register </p> <p style="text-align: left; margin-left: 50px;">SEAL</p>	

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA
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<p>PAYMENT – The fee for establishing a delayed registration of foreign birth is \$40.00 and includes one copy of the new record. Additional copies of the new record are available for \$12.00 each when ordered at the same time. Payment must be made by check or money order and made payable to the “State of Michigan.” The new birth record will not be created until the recording fee has been paid.</p>

<p>PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined not more than \$1,000 and/or imprisoned not more than one (1) year. MCL 333.2894(1)(b) and (c).</p>
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Establish Delayed Registration of Foreign Birth (Non-refundable) Fee includes one (1) certified copy of the Record	\$ 40.00	\$ 40.00
_____ Additional Certified Copies	\$ 12.00 Each	\$
TOTAL ENCLOSED:		\$