

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) 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	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
<input type="checkbox"/> Male				
<input type="checkbox"/> Female				
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 Married		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)

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.

Signature of Person Adopting

Signature of Husband or Wife (if married)

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. _____

Judge

By _____
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 \$12.00 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 record.	\$ 50.00
_____ Additional certified Copies \$16.00 each	\$
TOTAL ENCLOSED:	\$

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).