

APPLICATION TO **CORRECT OR CHANGE A MICHIGAN BIRTH RECORD**  
(FOR A CHILD LESS THAN ONE YEAR OLD)

**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

**PERSON REQUESTING CORRECTION OR CHANGE**

**PLEASE PRINT CLEARLY AND LEGIBLY**

**Please provide your name and complete mailing address to mail the new record to you and a phone number to contact you if there are questions regarding this request.**

Person Requesting Correction or Change:

Mailing Address:

City/State/Zip:

Daytime phone to contact you:

Area Code & Number

**ELIGIBILITY**

**To be eligible to correct or change a child's birth record, you must be a parent named on the record, or a legal guardian or legal representative of the person named on the record.** Legal guardians must include a copy of the court guardianship documents. Legal representatives must provide information on official letterhead, documenting that he/she represents the person named on the record.

9 Parent named on the record

9 Legal guardian of the person named on the record

9 Legal representative of the person named on the record

**DOCUMENTARY EVIDENCE IS "NOT" REQUIRED FOR THE FOLLOWING CHANGES:**

1. Correct, add or change the first or middle name of the child.

2. Correct the spelling of the child's last name.

3. Add a parent's first or middle name if originally omitted.

**REQUIRED DOCUMENTATION**

**Any other changes than those items listed above require documentary evidence.** Some examples might be hospital records, medical records, statement from attendant at birth, baptismal records, insurance documents, etc. If you need more information or have specific questions, you may call the Changes Unit at **(517) 335-8660**.

**Please list below the documentary evidence you are submitting to make the change requested:**

1. \_\_\_\_\_

2. \_\_\_\_\_

Documentation will be returned to you when the request has been completed.

| CHANGES REQUESTED: | ITEM IN ERROR | INFORMATION AS IT SHOULD APPEAR |
|--------------------|---------------|---------------------------------|
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|                    |               |                                 |
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|                    |               |                                 |

If any birth information is unknown, please indicate "unknown" in the appropriate space.

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|--|--|--|---|
| <b>INFO TO LOCATE CHILD'S BIRTH RECORD</b><br><br>GENDER<br>9 Male<br>9 Female | CHILD'S NAME AT BIRTH: _____<br><div>First Middle Last</div>                       |  | CHILD'S DATE OF BIRTH _____<br><div>Mo Day Year</div> |
|  | CHILD'S PLACE OF BIRTH: _____<br><div>Hospital (If recent birth) City County</div> |  |   |
| MOTHER'S NAME BEFORE FIRST MARRIED: _____<br><div>First Middle Last</div>      |  |  | Mother's State of Birth (Or country, if not U.S.)     |
| FATHER'S NAME: _____<br><div>First Middle Last</div>                           |  |  | Father's State of Birth (Or country, if not U.S.)     |

|  |       |
|--|-------|
| <b>A SIGNATURE IS REQUIRED TO PROCESS THE APPLICATION.</b><br><b>WHEN TWO PARENTS ARE NAMED ON THE RECORD, BOTH PARENTS' SIGNATURES ARE REQUIRED TO CORRECT, ADD OR CHANGE A CHILD'S NAME.</b> |       |
| <b>K</b> Signature of Person Requesting Change:  | Date: |
| <b>K</b> Other Signature:  | Date: |

|  |
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| <b>OFFICE USE ONLY - DO NOT WRITE IN THIS AREA</b> |
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**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).

|   |              |          |
|---|--------------|----------|
| <b>PAYMENT</b> - The fee for correcting or changing a Michigan birth record is \$26.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$5.00 each when ordered at the same time. <b>Payment must be made by check or money order and made payable to the "State of Michigan."</b> |              |          |
| Application Fee (Non-Refundable)<br>Fee includes one (1) certified copy of the record   | \$26.00      | \$ 26.00 |
| _____ Additional Certified Copies   | \$ 5.00 Each | \$       |
| <b>TOTAL ENCLOSED:</b>  |              | \$       |