REQUEST FOR VERIFICATION OF NOTICE OF INTENT TO CLAIM PATERNITY (FEE REQUIRED)

PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY **Additional Info: 517-335-8666**

Person Requesting the Record	
Agency Name (If applicable)	
Mailing Address	
City/State/Zip Code	

Daytime phone to contact person requesting if more information is needed to locate the record:	Area Code & Phone Number: ( ) _____ Ext _____

APPLICANT ' S SIGNATURE: (Sign Here) _____
Must be signed in order to process. By signing this application, I understand that I am agreeing to pay for a search of the State of Michigan vital records. This does not guarantee that a record will be found.

VERIFICATION INFORMATION - A request for a verification of a Notice of Intent to Claim Paternity will be returned to you indicating that a Notice of Intent to Claim Paternity has or has not been filed in the State Vital Records office. State law (MCL 333.2891(4)(f)) requires a $18.00 fee for each search of the facts for verification. A separate application form is required for each request.

NOTICE OF INTENT TO CLAIM PATERNITY REQUESTED

CHILD'S NAME:

_____
First **Middle** **Last**

CHILD'S DATE OF BIRTH:

_____
Month **Day** **Year**

CHILD'S PLACE OF BIRTH:

_____
City **County** **Hospital (If Known)**

MOTHER'S MAIDEN NAME:

_____
First **Middle** **Last**

FATHER'S NAME:

_____
First **Middle** **Last**

IF REGULAR SEARCH:
VITAL RECORDS REQUESTS
PO Box 30721
Lansing MI 48909

IF EXPEDITED SEARCH:
VITAL RECORDS RUSH
PO Box 30721
Lansing MI 48909

FOR MDHHS USE ONLY – DO NOT WRITE IN THIS AREA

A SEARCH OF THE STATE OF MICHIGAN VITAL RECORDS SYSTEM INDICATES THE FOLLOWING:

☐ A Notice of Intent to Claim Paternity **has not** been filed
☐ A Notice of Intent to Claim Paternity **has** been filed.

Reviewed by: _____

Date: _____

METHOD OF PAYMENT - Payment must be made in U.S. funds by check or money order payable to the "State of Michigan" for mail or counter requests. In addition, cash or a credit card can be used for counter requests. No checks if same-day service is requested.

Each Verification Search (Non-Refundable)	$ 18.00
*** EXPEDITED SEARCH** Add $12.00 (In addition to the regular search fee)	$
PAYMENT TO "STATE OF MICHIGAN" TOTAL:	**$**

Please specify how you would like your reply:

_____ Mail
_____ Fax ( ) _____