APPLICATION TO CORRECT OR CHANGE A MICHIGAN BIRTH RECORD
Michigan Department of Health and Human Services

For additional information
517-335-8660
Mon-Fri 8:00 am - 5:00 pm ET
www.michigan.gov/vitalrecords

MAIL APPLICATION AND PROPER FEE TO:
Vital Records Changes
P.O. Box 30721
Lansing MI 48909

APPLICANT (PERSON REQUESTING CHANGE OR CORRECTION) PLEASE PRINT CLEARLY AND LEGIBLY

Applicant's Name:
Address: (Cannot send to General Delivery) City/State: Zip:

Daytime Phone Required: ( ) Other Phone: ( )

To protect from identity theft, PHOTO IDENTIFICATION must be presented along with this application. (See back for details)

ELIGIBILITY (Please check which category makes you eligible to request this change or correction)

To be eligible to correct or change a birth record, you must be the person named on the record and at least 18 years old, a parent named on the record, or a court-appointed legal guardian or legally licensed representative of the person named on the record. Legal guardians must include a copy of the court guardianship documents. Legally licensed representatives must provide information on official letterhead, documenting that he/she represents the person named on the record and provide their state bar license number, along with client's identification.

□ Person named on the record
□ Legal guardian of the person named on the record
□ Parent named on the record
□ Legally licensed representative of the person named on the record

TYPE OF CHANGE OR CORRECTION REQUESTED (Please indicate below which type of change or correction you are requesting)

□ Correct birth record information for a person under the age of 1 (one)
□ Correct birth record information for a person age 1-5 (one to five)
□ Correct birth record information for a person over the age of 6 (six)
□ Court-ordered legal name change (court order required)
□ Name change for parents who have married after the birth (marriage record required)
□ Remove a person who is not the biological parent/father (court order required)

There is a separate application if you need to add a parent/father’s name to a birth record when there is no parent/father currently named on the record. That application can be downloaded from our website or can be mailed to you by calling the Changes Unit direct at 517-335-8660.

INFORMATION NEEDED TO LOCATE BIRTH RECORD TO BE CHANGED
If any birth information is unknown, please indicate unknown

NAME AT BIRTH First Middle Last
STATE FILE NUMBER (If known)

GENDER
□ Male
□ Female
DATE OF BIRTH (mm/dd/yyyy)

IF THE PERSON ON RECORD IS ADOPTED OR HAS HAD A LEGAL NAME CHANGE (OTHER THAN MARRIAGE)
□ Adoption
□ Legal Name
PLEASE INDICATE THAT NAME HERE
Change First Middle Last

PLACE OF BIRTH
Hospital City County

PARENT/MOTHER’S NAME BEFORE FIRST MARRIED
First Middle Last

PARENT/FATHER’S NAME BEFORE FIRST MARRIED
First Middle Last

SEE BACK FOR CURRENT FEES, PHOTO ID REQUIREMENTS AND PROCESSING TIMES

CHANGES REQUESTED: ITEM IN ERROR INFORMATION AS IT SHOULD APPEAR

SIGNATURE(S) REQUIRED TO PROCESS APPLICATION. When two parents are named on the record, both parents’ signatures and current, valid photo identification are required to correct, add or change a child’s name, unless a court order of legal name change is supplied.

Signature of Person Requesting Change Date

Other Signature Date
PAYMENT - The fee for correcting or changing a Michigan birth record is $50.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for $16.00 each when ordered at the same time. Payment must be by check or money order and made payable to the "State of Michigan." Processing time is available for an additional fee.

APPLICATION FEE

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
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<tbody>
<tr>
<td>Application Fee</td>
<td>$50.00</td>
</tr>
<tr>
<td>Fee includes one (1) certified copy of the record</td>
<td>$50.00</td>
</tr>
<tr>
<td>Additional Certified Copies</td>
<td>$16.00 Each</td>
</tr>
<tr>
<td>Rush Fee</td>
<td>$25.00</td>
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<tr>
<td><strong>TOTAL ENCLOSED</strong></td>
<td>$</td>
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