CLOSED CASE FILE BOX LABELS

Michigan Department of Human Services

County	Date Sent / /	Box # _____ of _____
Birth Name (Last, First)	**Adoptive Name (Last, First)**	**Date of Birth**

County	Date Sent / /	Box # _____ of _____
Birth Name (Last, First)	**Adoptive Name (Last, First)**	**Date of Birth**