REQUEST FOR VERIFICATION OF A MICHIGAN AFFIDAVIT OF PARENTAGE RECORD

Michigan Department of Health and Human Services

Agency Name					
Contact Phone Number	Area Code ()	_		
Mailing Address					
City/State/Zip					
Fax or Email results to:					
APPLICANT SIGNATUR	RE				
Sign Here (Must be orig	jinal in ink, by ha	and)		•	
Must be signed in order of Michigan vital records				l am agreeing to բ	pay for a search of the State
VERIFICATION INFORM	AATION				
and filing date. The info	ormation you provon can be verified	vide must match exact by this office. This for	tly what is on the re m will be returned	ecord. No copy of t to you stamped wi	e of birth, parents' names, the record will be issued, and ith a Yes/No indication that a ord matched.
FACTS TO BE VERIFIE	D			ATION STAMP	
Do not leave information Child's Name	blank		For Vital	Records Official St	tamp
oniid o radiile					
First	Middle	Last			
Child's Date of Birth					
Month	Day	Year			
Parent/Mother's Name					
First	Middle	Last	—		
Parent/Father's Name					
First	Middle	Last			
Date of Filing			PAYMEN		
(mm/dd/yyyy)			With mail funds by	I-in requests, payr Check or Money (ment must be made in U.S. Order payable to the "State

TURN-AROUND TIME

Applicant's Name

REGULAR SEARCH: Approximately 3 weeks of in-office processing time for Mail-in Requests. May vary by volume of requests received. EXPEDITED PROCESSING: Approximately 2 weeks in-office time for mailed requests. In-person requests are processed in 1 to 2 hours.

Enter ONLY if you have a copy of the record. (Date the record was

originally filed or received by local registrar; Not date of issuance.)

APPLICANT INFORMATION (PERSON REQUESTING VERIFICATION)

With mail-in requests, payment must be made in U.S. funds by Check or Money Order payable to the "State of Michigan". With in-person requests, payment can also be made by cash or credit card. Checks are **not** accepted for same-day service requests.

Date

Each Verification Sear	\$18.00	
Expedited In-office Processing	\$12.00 Additional	\$
Total		\$

MAIL APPLICATION (WITH CHECK OR MONEY ORDER)						
REGULAR MAIL TO:	Vital Records Requests	RUSH MAIL TO:	Vital Records RUSH			
	P.O. Box 30721		P.O. Box 30721			
	Lansing MI 48909		Lansing MI 48909			

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political belief, or disability.

DCH-0569-AOP-VER (Rev. 6-23) By Authority of MCL 333.2882(1)(a)(b) and MCL 333.2891(1-4) (8)