

REQUEST FOR VERIFICATION OF NOTICE OF INTENT TO CLAIM PATERNITY

Michigan Department of Health and Human Services

APPLICANT INFORMATION (PERSON REQUESTING VERIFICATION)	
Applicant's Name	Date / /
Agency Name	
Contact Phone Number	Area Code () —
Mailing Address	
City/State/Zip	
Fax or Email results to:	

APPLICANT SIGNATURE
<p>Sign Here (Must be original in ink, by hand) _____</p> <p>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.</p>

VERIFICATION INFORMATION
<p>MCL 333.2881(2), allows for verification of ONLY the name of the subject of the record, date of birth, parents' names, and filing date. The information you provide must match exactly what is on the record. No copy of the record will be issued, and no additional information can be verified by this office. This form will be returned to you stamped with a Yes/No indication that a Notice of Intent to Claim Paternity was identified as matching the supplied facts, or that no record matched.</p>

FACTS TO BE VERIFIED	
Do not leave information blank	
Child's Name	
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	

VERIFICATION STAMP
For Vital Records Official Stamp

<p>Date of Filing (mm/dd/yyyy) _____</p> <p>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.)</p>

PAYMENT
<p>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.</p>

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

Each Verification Search (Non-Refundable)	\$18.00
Expedited In-office Processing	\$12.00 Additional
Total	\$

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

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.