

# APPLICATION FOR APOSTILLED/AUTHENTICATED STATEMENT OF NO DIVORCE IN MICHIGAN

Michigan Department of Health and Human Services

## PART 1 – APPLICANT INFORMATION (PERSON FILLING OUT THIS FORM)

Applicant's  
 First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 Mailing  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone w/ area code **\*Required** \_\_\_\_\_ Email \_\_\_\_\_

## PART 2 – INFORMATION NEEDED TO CONDUCT SEARCH

Statement of No Divorce will cover only the years that you have us search. Be sure to list, and pay the appropriate fees, for all years that you need to prove no divorce is on record within the state of Michigan. The search should be conducted for the time the applicant resided in Michigan or from the year of the latest marriage, if applicable. Two separate applications must be submitted if the husband and wife are both residents of Michigan. The country of use may also require Apostilled/Authenticated copies of prior marriages and divorces. If so, please use those applications – available at [www.michigan.gov/vitalrecords](http://www.michigan.gov/vitalrecords)

FIRST YEAR TO SEARCH (one year is included in the base fee): \_\_\_\_\_ Are you the  WIFE or  HUSBAND ?  
**See Part 6 to provide any additional years to be searched**

YOUR NAME	YOUR DATE OF BIRTH
First                      Middle                      Last	Month              Day              Year

PARENT/MOTHER'S NAME		
First	Middle	Last

PARENT/FATHER'S NAME		
First	Middle	Last

PREVIOUS MARRIAGES or DIVORCES – If you have been married or divorced since the age of 18, indicate date and place

Date (mm/dd/yy)	County	State
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**PART 3 – COUNTRY OF USE REQUIRED**  
 Apostille/Authentication is for use **outside** of the U.S.

**PART 4 – PURPOSE OF REQUEST**

## PART 5 – APPLICANT SIGNATURE (PERSON FILLING OUT THIS FORM)

By signing, I understand I am agreeing to pay for a search of State of Michigan Vital Records. This does not guarantee that a record will be found. Falsifying an application for a vital record and/or assuming the identity of another person is subject to criminal penalties. Per MCL 333.2894(b) and 445.65.

**Your Signature:**

(Must be original in ink, by hand) \_\_\_\_\_ Date: \_\_\_\_\_

## PART 6 – PAYMENT                      Application Fee includes one Certified Copy or a No-Find Letter

Base Fee (Includes one year search)		\$42.00	\$
Additional Years to Search	Specify Years or Range _____	\$12.00 per year	\$
Additional Certified Copies	Specify Quantity _____	\$26.00 each	\$
Expedited "Rush" Processing	Reduces in-office time. (Does not affect mail time to/from our office)	\$25.00 additional	\$
CHECK or MONEY ORDER made out to the "State of Michigan" (Request will not be processed if payment is not included in envelope)		Total Amount Enclosed	\$

**SEE NEXT PAGE FOR PROCESSING TIMES AND MAILING ADDRESS**

**REQUESTING A STATEMENT OF NO DIVORCE IN MICHIGAN**

The Michigan Vital Records Office has records of divorces that occurred in Michigan and were **filed** with the state since **1897**. Some records were not filed with the state. Divorce records are not restricted documents in Michigan. Anyone can request that a search be conducted if the application is completed, signed, and submitted with the required fee paid.

**PROCESSING TIMES FOR MAILED REQUESTS**

**REGULAR SEARCH**

Approximately 4 to 6 weeks of in-office processing at MDHHS, plus an additional 1 to 2 weeks at the Secretary of State's Office of the Great Seal. Then sent via regular mail. Completion time may vary, depending on volume of requests received.

**EXPEDITED "RUSH" SEARCH**

Approximately 2 to 3 weeks of in-office processing at MDHHS, plus an additional 1 to 2 weeks at the Secretary of State's Office of the Great Seal. Then sent via regular mail.

**ADDITIONAL INFORMATION: Results are sent USPS First Class Mail, Pre-Paid envelopes will NOT be accepted**

If you find that the above processing times do not meet your needs, please visit [www.michigan.gov/vitalrecords](http://www.michigan.gov/vitalrecords) or call our Eligibility Unit at **517-335-8666** to speak with a customer service representative about available options.

**MAIL APPLICATION (WITH PAYMENT AND REQUIRED DOCUMENTATION)**

**REGULAR MAIL TO:**  
Vital Records Requests  
P.O. Box 30721  
Lansing MI 48909

**RUSH MAIL TO:**  
Vital Records RUSH  
P.O. Box 30721  
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-NO DIV\_AUTH (Rev. 4-23) By Authority of MCL 333.2882(1)(a)(b) and MCL 333.2891(1-4) (8)