

# REQUEST FOR VERIFICATION OF A MICHIGAN AFFIDAVIT OF PARENTAGE RECORD

Michigan Department of Health and Human Services

For Additional Information: 517-335-8666

www.michigan.gov/vitalrecords

Please type or print clearly and legibly

APPLICANT (PERSON REQUESTING VERIFICATION)		DATE
Agency Name		/ /
		Area Code and Phone Number (     )
Applicant's Name		
Mailing Address		
City/State/Zip		

<b>APPLICANT'S SIGNATURE</b>	(Sign Here) _____
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.	

**VERIFICATION INFORMATION** - A request for a verification of a Michigan Affidavit of Parentage record (filed in the Central Paternity Registry since June 1, 1997) will be returned to you stamped with an indication that a record was identified which matched the supplied facts, or that no record could be identified which matched the supplied facts. State law (MCL 333.2881(2)) allows for verification of **ONLY name of the subject on the Affidavit, date of birth, mother's name and father's name**. This information must match exactly what is on the record. No copy of the record or additional information can be verified or supplied by the Vital Records Office. State law requires an \$18.00 fee for each search of the facts for verification.

FACTS TO BE VERIFIED			
Names on the Record (Must match exactly what is on record)			
	(Child) First	Middle	Last
_____			
	(Mother) First	Middle	Last
_____			
	(Father) First	Middle	Last
_____			
Child's Date of Birth (Must match exact date on record)			
Month	Day	Year	
_____	_____	_____	

<p style="text-align: center;"><b>VERIFICATION STAMP (for Vital Records Official Stamp)</b></p>
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**PAYMENT** – For mail-in requests, payment can be made in U.S. funds by check or money order payable to the "State of Michigan". In addition, cash or a credit card can be used for counter requests. No checks if same-day service is requested.

Each Verification Search (Non-Refundable)	\$ 18.00
* <b>EXPEDITED SEARCH</b> Add \$12.00 (In addition to the regular search fee)	\$
<b>TOTAL</b>	\$

TURN-AROUND TIME
<p><b>REGULAR SEARCH</b> - Processing time for mail-in requests will be approximately 3 weeks, depending on volume of requests received.</p> <p><b>EXPEDITED SEARCH</b> – Processing time for a mail-in request will be approximately 2 weeks, depending on volume of requests received. A counter request will be processed in 1-2 hours.</p>

We cannot process your request without payment. When mailing, please remember to include check or money order.

**IF REGULAR SEARCH:**  
 VITAL RECORDS REQUESTS  
 P.O. Box 30721  
 Lansing MI 48909

**IF EXPEDITED SEARCH:**  
 VITAL RECORDS RUSH  
 P.O. Box 30721  
 Lansing MI 48909

If you wish to have the results of the verification faxed to you, please indicate the fax number here:

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