

APPLICATION TO ADD A FATHER ON A MICHIGAN BIRTH RECORD

(This form is to be used to add a father only - not to replace or remove a father previously named)

For additional information:

517-335-8660

Mon-Fri 8:00 am - 5:00 pm ET

MAIL APPLICATION AND PROPER FEE TO:

Vital Records Changes

P.O. Box 30721 Lansing MI 48909

APPLICANT (PERSON REQUESTING CHANGE OR CORRECTION)		PLEASE PRINT CLEARLY AND LEGIBLY
Applicant's Name:	Driver's License or State Identification #:	
Address: (Cannot send to General Delivery)	City/State:	Zip:
Daytime Phone Required: ()	Other Phone: ()	
To protect you from identity theft, we require PHOTO IDENTIFICATION to be presented along with this application. (See back for details)		

ELIGIBILITY				
<p>To be eligible to add a father to a birth record, you must be the person named on the record and at least 18 years old, a parent named or to be named on the record, or a legal guardian or legal representative of the person named on the record. Legal guardians must include a copy of the court guardianship documents. Legal licensed representatives must provide information on official letterhead documenting that he/she represents the person named on the record. Please check the item that applies to you.</p>				
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Person named on the record (Must be at least 18 years old or legally emancipated) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Legal guardian of the person(s) named or to be named on the record </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Parent named or to be named on the record </td> <td style="vertical-align: top;"> <input type="checkbox"/> Legal licensed representative of the person(s) named or to be named on the record </td> </tr> </table>	<input type="checkbox"/> Person named on the record (Must be at least 18 years old or legally emancipated)	<input type="checkbox"/> Legal guardian of the person(s) named or to be named on the record	<input type="checkbox"/> Parent named or to be named on the record	<input type="checkbox"/> Legal licensed representative of the person(s) named or to be named on the record
<input type="checkbox"/> Person named on the record (Must be at least 18 years old or legally emancipated)	<input type="checkbox"/> Legal guardian of the person(s) named or to be named on the record			
<input type="checkbox"/> Parent named or to be named on the record	<input type="checkbox"/> Legal licensed representative of the person(s) named or to be named on the record			

REQUIRED DOCUMENTATION
<p>The information on the father may be added to the birth record based upon a certified court determination of paternity, an Order of Filiation, a properly filed Affidavit of Parentage or Acknowledgment of Paternity.</p> <p>Effective June 1, 1997, all paternity acknowledgments were filed with the Michigan Department of Health and Human Services. If an Affidavit of Parentage, Order of Filiation or court order was filed with this office after June 1, 1997, and registered correctly with the Central Paternity Registry, you need not furnish a copy of that document. Prior to June 1, 1997, it is the applicant's responsibility to submit a true or certified copy of the Affidavit of Parentage, Order of Filiation or court order filed in the probate court, with the application to name a father.</p> <p>If an Affidavit of Parentage has <u>never been filed</u> for this child, contact the Changes Unit at 517-335-8660 to request that one be mailed to you.</p> <p>Please check the appropriate box below for documentation submitted.</p>
<input type="checkbox"/> Father is not registered with the Central Paternity Registry. An original signed and notarized Affidavit of Parentage is attached with the application. <input type="checkbox"/> A court order is attached . (Court order will be returned to you) <input type="checkbox"/> Affidavit of Parentage has already been duly signed and notarized, and has been submitted to the Central Paternity Registry.

INFORMATION NEEDED TO LOCATE CHILD'S BIRTH RECORD		STATE FILE NUMBER (if known)								
If any birth information is unknown, please indicate "unknown"										
<table style="width: 100%;"> <tr> <td style="width: 30%;">CHILD'S NAME AT BIRTH</td> <td style="width: 30%;">First</td> <td style="width: 30%;">Middle</td> <td style="width: 10%;">Last</td> </tr> </table>	CHILD'S NAME AT BIRTH	First	Middle	Last	<table style="width: 100%;"> <tr> <td>GENDER</td> </tr> <tr> <td><input type="checkbox"/> Male</td> </tr> <tr> <td><input type="checkbox"/> Female</td> </tr> </table>	GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<table style="width: 100%;"> <tr> <td>CHILD'S DATE OF BIRTH (mm/dd/yyyy)</td> </tr> </table>	CHILD'S DATE OF BIRTH (mm/dd/yyyy)
CHILD'S NAME AT BIRTH	First	Middle	Last							
GENDER										
<input type="checkbox"/> Male										
<input type="checkbox"/> Female										
CHILD'S DATE OF BIRTH (mm/dd/yyyy)										
<table style="width: 100%;"> <tr> <td style="width: 20%;">CHILD'S PLACE OF BIRTH:</td> <td style="width: 30%;">Hospital</td> <td style="width: 30%;">City</td> <td style="width: 20%;">County</td> </tr> </table>			CHILD'S PLACE OF BIRTH:	Hospital	City	County				
CHILD'S PLACE OF BIRTH:	Hospital	City	County							
<table style="width: 100%;"> <tr> <td style="width: 50%;">MOTHER'S NAME BEFORE FIRST MARRIED:</td> <td style="width: 50%;">FATHER'S NAME:</td> </tr> <tr> <td>First Middle Last</td> <td>First Middle Last</td> </tr> </table>		MOTHER'S NAME BEFORE FIRST MARRIED:	FATHER'S NAME:	First Middle Last	First Middle Last					
MOTHER'S NAME BEFORE FIRST MARRIED:	FATHER'S NAME:									
First Middle Last	First Middle Last									

INDICATE FATHER'S FULL NAME AND INFORMATION TO BE ADDED				
<table style="width: 100%;"> <tr> <td style="width: 30%;">FATHER'S FULL NAME</td> <td style="width: 30%;">First</td> <td style="width: 30%;">Middle</td> <td style="width: 10%;">Last</td> </tr> </table>	FATHER'S FULL NAME	First	Middle	Last
FATHER'S FULL NAME	First	Middle	Last	
<table style="width: 100%;"> <tr> <td style="width: 50%;">FATHER'S PLACE OF BIRTH</td> <td style="width: 50%;">FATHER'S DATE OF BIRTH</td> </tr> <tr> <td>State Or Country (If not US)</td> <td>Month Day Year</td> </tr> </table>	FATHER'S PLACE OF BIRTH	FATHER'S DATE OF BIRTH	State Or Country (If not US)	Month Day Year
FATHER'S PLACE OF BIRTH	FATHER'S DATE OF BIRTH			
State Or Country (If not US)	Month Day Year			
FATHER'S SOCIAL SECURITY NUMBER (Will NOT appear on the birth record) _____				

TO CHANGE THE CHILD'S NAME... OR... TO CHANGE THE MOTHER'S NAME DUE TO MARRIAGE

If there is any change in the child's name from that originally recorded on the birth record, please indicate the name change below. Please indicate if the mother of the child wishes to have her name changed due to marriage to the biological father.

CHILD'S FULL NAME AT BIRTH	First	Middle	Last
CHILD'S FULL NAME AS YOU WANT IT TO APPEAR ON THE NEW BIRTH RECORD	First	Middle	Last
Do you wish to change mother's name on the record due to marriage? (Copy of marriage certificate must be submitted to process)	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, indicate name here: First Middle Last	

THE SIGNATURE OF AN ELIGIBLE APPLICANT IS REQUIRED TO PROCESS THIS APPLICATION.

If the court order specifies a new name for the child, only the applicant's signature is required. If the court order does not specify a new name for the child, both parents' signatures are required when requesting a name change for the child.

Mother's Signature:	Date:
Father's Signature:	Date:

PAYMENT - The fee for adding the father's name and information to a Michigan birth record is \$50.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$16.00 each when ordered at the same time. **Payment must be made by check or money order and made payable to the "State of Michigan."**

PROCESSING TIME - Normal processing time for all changes or corrections will be 5-6 weeks from the date all documentation, payments and photo ID are received in the State Vital Records Office and the order is keyed into the system. A 2-3 week rush processing is available for an additional fee.

Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$ 50.00	\$ 50.00
_____ Additional Certified Copies	\$ 16.00 Each	\$
Rush Fee	\$ 25.00	\$
TOTAL ENCLOSED:		\$

PENALTIES: Any person who willfully and knowingly makes false application to change or amend a Michigan birth record may be fined and/or imprisoned pursuant to MCL 333.2894(1)(b) and (c).

PHOTO ID REQUIREMENTS FOR CHANGING OR CORRECTING A MICHIGAN BIRTH RECORD

*** Please Send Photocopies - Not Original Documents ***

Under Michigan law, birth records are restricted documents, and a current valid, photo identification is required in order to establish eligibility to request a change or correction to a registered birth record. To protect you and the community from identity theft, we require a copy of the applicant's photo identification to be presented along with the application.

WITH YOUR APPLICATION, INCLUDE A PHOTOCOPY OF: At least one of the following photo ID's:

- < Michigan driver's license unexpired or expired for not more than one year
- < State of Michigan identification card unexpired or expired for not more than one year
- < Unexpired driver's license or official identification card issued by another state in the U.S., jurisdiction or territory
- < Unexpired U.S. or foreign passport
- < U.S. military identification, military dependent identification or veteran's identification

Or, if you do not have one of the above, at least one of the following photo ID's, with stated supporting documents:

- < Employment identification with photo, accompanied with a pay stub or W-2 form
- < School, university or college identification with photo, accompanied with a report card or other proof of current school enrollment
- < Michigan driver's license expired for more than one year, accompanied by a motor vehicle registration or title, a bridge card, MI-Health card, inmate probation or discharge documents, a veteran's DD-214, or an original copy of an Affidavit of Parentage
- < Department of Corrections identification card, accompanied by probation or discharge papers
- < If an inmate currently incarcerated, a Department of Corrections identification card, accompanied by a verification of incarceration by the facility on letterhead

If you are unable to provide any of the above-mentioned forms of identification, please contact the Michigan Vital Records Changes Unit direct at 517-335-8660 to speak with a changes specialist.