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	APP	LICA	FION /	and f	PROP	er fi	EE TO	С:

Vital Records Changes P.O. Box 30721

Lansing MI 48909							
APPLICANT (PERSON F	REQUESTING CHAN		ON)	PLEAS	E PRINT CLEA	RLY AND LEGIBL	(
Applicant [,] s Name:							
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							
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.							
Person named on the recoParent named or to be nam	,	18 years old)		ian of the person(s) nam ed representative of the			n the record
REQUIRED DOCUMENTAT	ION						
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.							
Effective June 1, 1997, all paternity acknowledgments were filed with the Michigan Department of Community Health. 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.							
If an Affidavit of Parentage has never been filed for this child, contact the Changes Unit at (517) 335-8660 to request that one be mailed to you.							
 Please check the appropriate box below for documentation submitted. Father is not registered with the Central Paternity Registry. An original signed and notarized Affidavit of Parentage is attached with the application. A court order is attached. (Court order will be returned to you) 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 If any birth information is unknown, please indicate ``unknown'' STATE FILE NUMBER (If known)							
CHILD'S NAME AT BIRTH First		Middle	La	ast	GENDER Male Female 	CHILD'S DATE (mm/dd/yyyy)	OF BIRTH
CHILD' S PLACE OF BIRTH:	Hospital		City		County		
MOTHER'S NAME BEFORE FIRST MARRIED:	First	Middle	Last	FATHER'S NAME: F	irst	Middle	Last
				-			
INDICATE FATHER'S FULL NAME AND INFORMATION TO BE ADDED							
FATHER'S FULL NAME	First		Middle		Last		
FATHER'S PLACE		Or Country		FATHER'S DATE			

FATHER'S SOCIAL SECURITY NUMBER (Will NOT appear on the birth record)

(If not US)

OF BIRTH

Month

Day

Year

State

OF BIRTH

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)	YESNO	If yes, indicate name here:	First	Middle	Last	

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

If the documentation is an order of filiation, the mother's signature is required when requesting a name change for the child. 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.

Signature of Person Requesting Change:	Date:

Other Signature:

PAYMENT - The fee for adding the father's name and information to a Michigan birth record is \$40.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$12.00 each when ordered at the same time. Payment must be made by check or money order and made payable to the ``State of Michigan."

Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$ 40.00	\$ 40.00
Additional Certified Copies	\$ 12.00 Each	\$
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 one. 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.

- - 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 at 517-335-8660 and speak with a changes specialist.

WITH YOUR APPLICATION, INCLUDE A PHOTOCOPY OF:

At least one of the following photo ID's:

Date:

- 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