

ADOPTION REPORT
REQUIRED TO ESTABLISH A NEW MICHIGAN BIRTH RECORD
(To Be Submitted By The Court)

Michigan Department of Health and Human Services

Has it been requested that a new certificate **NOT** be created? Yes No
 If yes, the adoption does not need to be reported in the Vital Records Program.

PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY

| INFORMATION REQUIRED TO CREATE THE ADOPTIVE BIRTH RECORD | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|--------|------|
| Child's Name | First | Middle | Last | | | |
| PARENT(S) INFORMATION* | | | | | | |
| Current Legal Name** | First | Middle | Last | First | Middle | Last |
| Name Before First Married | First | Middle | Last | | | |
| Date of Birth** | Month | Day | Year | Month | Day | Year |
| State of Birth (or country, if not USA) | | | | | | |
| Social Security Number | | | | | | |
| Parent Sex | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Male | <input type="checkbox"/> Female | | |
| * <input type="checkbox"/> Check here if the parents should be listed as "Parent" and "Parent" rather than "Mother" and "Father." | | | | | | |

**If the child's date of birth is prior to 1989, the mother's current legal name will not appear on a certified copy of the birth record, and the parents' ages will appear rather than their dates of birth.

| PARENT(S) INFORMATION | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------|--|--|----------------------|--|--|--|--|--|
| Parent(s) name(s) and complete mailing address are needed to mail the new record. Please provide a phone number to contact you if there are questions regarding the new record. | | | | | | | | | | | |
| Name(s): | | | | | | | | | | | |
| Mailing Address (Cannot mail to General Delivery): | | | | | | | | | | | |
| City / State / Zip: | | | | | | County of Residence: | | | | | |
| Daytime phone to contact you: | | | Area Code & Number | | | | | | | | |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|
| PAYMENT – The fee for establishing a new Michigan birth record following an adoption is \$50.00 and includes one copy of the new record. 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." The new birth record will not be created until the recording fee has been paid. | | |
| Establish New Birth Record Following an Adoption (Fee includes one (1) certified copy of the record.) | \$50.00 | \$ 50.00 |
| _____ Additional Certified Copies | \$16.00 Each | \$ |
| Rush Fee (2-3 weeks processing) | \$25.00 | \$ |
| TOTAL ENCLOSED | | \$ |

| SIGNATURE(S) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal data of adoptive parents and child's name after adoption should be reviewed and signed before the section for "Information Needed to Identify Original Birth Record" is completed. The form should be signed by the adoptive parent(s). The adoptive parent(s) should verify information listed for the adoptee. |
| <div style="border-top: 1px solid black; margin-top: 20px; width: 80%;"></div> |
| Signature of Person Adopting |
| <div style="border-top: 1px solid black; margin-top: 20px; width: 80%;"></div> |
| Signature of Husband, Wife or Other Person Adopting (if applicable) |

INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH RECORD

| | | | |
|--------------------------------------------------|---------------------------------------------------------------|--------|------|
| Child's Name at Birth | First | Middle | Last |
| Child's Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Child's Date of Birth | Month | Day | Year |
| Child's Place of Birth | City | County | |
| Name of Birthing Hospital (If Available) | | | |
| Biological Mother's Name Before First Married | First | Middle | Last |

COURT CERTIFICATION

The Family Division of Circuit Court of _____ County, Michigan

I hereby certify that the child named above was adopted in accordance with Michigan law on _____
(Month, Day, Year)

by the person(s) listed as the parent(s) for the adoptive birth record, as set forth in the final decree of adoption.

CASE NO. _____

Judge

By _____
Clerk of the Court

SEAL

For additional information:

Vital Records Changes
(517) 335-8660
 Mon-Fri 8:00 am - 5:00 pm ET

MAIL REPORT AND PROPER FEE TO:

Vital Records Changes
P.O. Box 30721
Lansing, MI 48909

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