

Jackson County Probate Court

312 S. Jackson St.
Jackson, MI 49201
Phone: 517-788-4290
Fax: 517-788-4291

Diane M. Rappleye
Probate Judge

Julie A. Kelley
Probate Register

Evelyn Meerman
Chief Deputy Probate Register

Lisa Harms
Deputy Probate Register

Instructions for Name Change

A Petition to Change Name may be filed with the Court by a person who has been a resident of Jackson County for at least one year.

The procedure for obtaining a name change is slightly different depending on the age of the person whose name will be changed. Please read the following instructions carefully to avoid taking unnecessary steps in your case.

Background Check

If the person whose name will be changed is not yet 22 years of age, you may skip this section.

A criminal background check is required for any adult, age 22 or older, requesting a name change. Please follow the following steps. (Please note that if you have a criminal background, the law presumes that you are seeking a name change with fraudulent intent. You will need to prove otherwise to the Court.)

- Complete the Petition to Change Name form. (See below for specific instructions on each form in the packet.)
- Set up an appointment with your local Michigan law enforcement agency to be fingerprinted on a Michigan Applicant fingerprint card (RI-008), or FBI fingerprint card. **Only one finger print card per person is needed.**
- Complete the information on both sides of the card if two-sided. Fingerprint Reason should be: NAME CHANGE. Include your phone number and email address on the card or a note.
- Send the fingerprint card to **DO NOT FOLD**; along with a copy of your Petition to Change Name. (No-walk-in traffic is allowed)

Michigan State Police
CJIC
PO Box 30266
Lansing, MI 48909

Checks or money orders must be made payable to the "State of Michigan" for \$43.25 (per person).

- The Michigan State Police and Federal Bureau of Investigation will both review their records. A report will be forwarded to the Court. Any further questions regarding the fingerprint procedure please call 517 241-0606 or email:msp-crd-applhelp@michigan.gov.
- Once the Court receives the report, you will then file you paperwork with the Court. Please note your contact information will NOT be contained in the report. It will be your responsibility to check with our office periodically on the status of the report.

Minors

There are some special rules for minors seeking a name change. First, note that the petition must be filed by a parent. The minor may not file his/her own petition.

You may not obtain a name change for a minor under the age of one year through this process. You may be able to obtain a name change through amending the birth certificate. You will need to check with the County Clerk's Office to determine if this is possible in your case.

If the minor is 14 years of age or older, the minor must appear in Court, and must sign a consent form in the presence of the Judge.

If both parents consent to the change, both parents must sign the petition.

If the non-custodial parent does not consent to the name change, you must prove both of the following two things.

- That the noncustodial parent has had the ability to visit, contact, or communicate with the child, and that he/she has substantially failed to do so for a period of at least two years.
- That the non-custodial parent has failed to support the child for a period of at least two years.
 - If there is a support order, failure to substantially comply with the order for at least two years is sufficient proof. (A record of payments may be obtained from the Friend of the Court unless you have opted out of FOC services.)
 - If there is no support order, you will need to prove that the non-custodial parent had the ability to support the child, but failed to provide regular and substantial support for at least two years.

Publication

You must publish notice of the hearing in the newspaper for all cases, unless this requirement is waived by the judge. Notice must appear in the newspaper no less than 14 days before the hearing. The fee for publication varies from newspaper to newspaper.

New Birth Certificate

The State Registrar indicates that in most cases it is unnecessary to seek a new birth certificate. Issuance of a new live birth certificate seals the original birth certificate and the new name is the only one that appears on the new birth certificate.

It is typically sufficient to ask for an addendum to the original birth certificate reflecting the name change. This would leave both names on the birth certificate.

Fees

- Filing Fee - \$185.00
- Certification Fee - \$11.00
- Fingerprint Fee - As charged by the local police agency (typically about \$5)
- Background Check Fee - as charged by the Michigan State Police (\$43.25, as of 1/1/2019)
- Publication Fee - As charged by the newspaper (typically about \$80)

New Birth Certificate (optional) - As charged by the State of Michigan (\$50.00, as of 1/21/2015).

Fees cannot be returned if your petition is denied

Forms

Below, you will find specific instructions for each form contained in the packet.

1. Petition to Change Name (PC 51): Complete the entire form. Be as thorough as possible. If you have a criminal background, complete number 5 fully and accurately. If the name change is for a minor you must complete number 7.
2. Publication of Notice of Hearing (PC 563): Complete as much of this form as possible. Do not write in the date or time of the hearing, or the identity of the judge. This information will be provided when you file your documents with the Court. You will take a copy of this document, along with a copy of the Petition to Change Name to the newspaper for publication. After it is published, an Affidavit of Publication will need to be filed with the Court. Some newspapers do this for you, and others do not. Ask the newspaper to determine their policy.
3. Proof of Service (PC 564): After all paperwork has been filed with the Court you are responsible for making copies of all documents filed with the Court (not including the Fiduciary Proof of Identity) and serving them on all of the interested parties. Service must be completed at least 14 days before the scheduled hearing if served by mail, or at least 7 days before the hearing if personally served.

After serving all of the interested parties, you must indicate on this form who was served, how they were served, and when they were served. The form is then filed with the Court. Failure to file the Proof of Service may result in dismissal or adjournment of your case.

4. Application to Correct or Change a Michigan Birth Record: This form is NOT filed with the Court. It is provided only as a convenience. This is the form for changing a birth certificate. If you want to change the birth certificate following the name change, follow the instructions on the form.

<p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION JACKSON COUNTY</p>	<p>PETITION TO CHANGE NAME</p>	<p>CASE NO. and JUDGE</p>
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Court address _____ Court telephone no. _____

Note: Every person 22 years of age or older who is requesting a name change must have a criminal background check. For details, go to michiganlegalhelp.org.

In the matter of _____
Present first, middle, and last name(s) (type or print)

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

1. An action within the jurisdiction of the family division of circuit court involving the family or family members of person(s) named above has/have been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

2. The name change is for

a. a married person who wishes to also include a name change for his/her spouse. minor child(ren), of whom the petitioner has legal custody. (For a minor 14 years or older, written consent is required. See form PC 51b.)

b. an adult.

c. a minor, whose natural or adopted parents are _____ Parent Deceased and _____ Parent Deceased.

Both parents are deceased. The guardian is _____ Name (Attach letters of guardianship.)

3. The name change is for the following reason: _____

4. The name change is not sought for any fraudulent intent.

5. The following person(s) seeking a name change has/have a criminal record: _____

6. Each person for whom a name change is sought has been a resident of the county for at least one year.

Note: Skip item 7 if the noncustodial parent consents to the name change or if there is not a noncustodial parent.

7. I have legal custody of the minor.
- a. The noncustodial parent has had the ability to visit, contact, or communicate with the child and has regularly and substantially failed or neglected to do so for a period of two years or more before the filing of this petition and either:
 - a support order has been entered, and the noncustodial parent has failed to substantially comply with the order for a period of two years or more before the filing of this petition; or
 - a support order has not been entered and the noncustodial parent, having the ability to support or assist in supporting the child, has failed or neglected to provide regular and substantial support for two years or more before the filing of this petition.
 - b. The noncustodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, 750.520c, 750.520d, or 750.520e), or assault with intent to commit criminal sexual conduct (MCL 750.520g) and the child or a sibling of the child was the victim. (Attach judgment of sentence.)
 - c. The noncustodial parent has been convicted of first degree murder (MCL 750.316) or second degree murder (MCL 750.317). (Attach judgment of sentence.)
 - d. The last known address of the noncustodial parent is: _____

The noncustodial parent is not living at the above address, and I have taken the following steps to locate him/her:

8. I request the following name change(s): (Type or print first name, middle name, and last name.)

FROM	TO	DATE OF BIRTH
Petitioner		Put DOB in Ref. No. row 10 on MC 97a.
Spouse		Put DOB in Ref. No. row 11 on MC 97a.
Minor child		Put DOB in Ref. No. row 12 on MC 97a.
Minor child		Put DOB in Ref. No. row 13 on MC 97a.
Minor child		Put DOB in Ref. No. row 14 on MC 97a.
Minor child		Put DOB in Ref. No. row 15 on MC 97a.
Minor child		Put DOB in Ref. No. row 16 on MC 97a.

If you want a new live birth certificate, check item 9. A special order is not needed if you only want to add the changed name(s) to the original certificate(s).

9. I request the court to order the State Registrar to create a new live birth certificate that does not disclose the name of _____ at birth and to seal the original certificate.

Name _____

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

 Date

 Petitioner signature

SIGNATURE OF PARENT/GUARDIAN FOR MINOR

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

CONSENT BY SPOUSE OF PETITIONER

If the petition is filed for a spouse, this consent must be signed by the spouse of the petitioner.

I am the spouse of the petitioner and consent to the granting of this petition to change my name.

Date

Signature

Name (type or print)

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

Address

City, state, zip Telephone no.

SPECIAL INSTRUCTIONS FOR NAME CHANGE

Every person 22 years of age or older whose name appears on the "Petition to Change Name" must follow these instructions before the court can act on the petition.

Pursuant to Michigan law, every person 22 years of age or older who is requesting a name change must have a complete set of fingerprints taken at a local police agency. Those fingerprints will be used by the Michigan State Police and Federal Bureau of Investigation to check criminal records. The Michigan State Police will send a report to the court regarding any criminal records.

If you have a criminal record, it will be presumed that you are seeking the name change with fraudulent intent. You must prove to the court that the name change is not being sought with fraudulent intent.

INSTRUCTIONS:

1. File the "Petition to Change Name" (form PC 51) with the circuit court and pay the filing fee.
2. Make one copy of the completed "Petition to Change Name" (form PC 51).
3. Go to your local police agency for the fingerprint card and to have your fingerprints taken. The police agency will advise you of the appropriate fee. Take a copy of the "Petition to Change Name" with you.
4. After you have had your fingerprints taken, mail the copy of the "Petition to Change Name," the fingerprint card, and the appropriate fee to the Michigan State Police. The fee must be made payable to the State of Michigan. Mail to:

Michigan State Police
Criminal Justice Information Center - Criminal History
P.O. Box 30266
Lansing, Michigan 48909

5. The Michigan State Police will review your criminal records and will forward the fingerprints to the Federal Bureau of Investigation. Once the Federal Bureau of Investigation has reviewed its records and reported the information to the Michigan State Police, the Michigan State Police will send a report to the court.
6. After the court receives the required report from the Michigan State Police, the court can schedule a hearing on the "Petition to Change Name."

The court will mail you a notice when the required report is received. You must give the court a pre-addressed, postage-paid envelope for mailing this notice.

Contact the court eight weeks after you mail or deliver your fingerprint card to the Michigan State Police to find out if the required report has been received.

STATE OF MICHIGAN JUDICIAL CIRCUIT – FAMILY DIVISION JACKSON COUNTY	PUBLICATION OF NOTICE OF HEARING FOR NAME CHANGE	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First and last name of child(ren)

TO ALL PERSONS, including: (specify non-custodial parent's name here, if applicable)

whose address is unknown and whose interest in the matter may be barred or affected by the following:

TAKE NOTICE: A hearing will be held on _____
Date and time

at _____
Location

before Judge _____ to change the name of:

- | | | |
|--------------|----|---------------|
| Current name | to | Proposed name |
| Current name | to | Proposed name |
| Current name | to | Proposed name |
| Current name | to | Proposed name |
| Current name | to | Proposed name |
| Current name | to | Proposed name |
| Current name | to | Proposed name |

PUBLISH ABOVE INFORMATION ONLY

Publish _____ time(s) in _____ in _____ County.
Name of publication

Furnish _____ copies to _____.

Furnish affidavit of publication to the court. Petitioner shall file affidavit of publication with the court clerk.

Forward statement for publication charges to _____.

Approved, SCAO

STATE OF MICHIGAN
 PROBATE COURT
 COUNTY OF JACKSON

PROOF OF SERVICE

FILE NO.

In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	TOTAL FEE
\$		\$	
Incorrect address fee	Miles traveled	Fee	
\$		\$	\$

Date _____

Signature _____

Name (Type or Print) _____

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

APPLICATION TO CORRECT OR CHANGE A MICHIGAN BIRTH RECORD

For additional information
 (517) 335-8660
 Mon-Fri 8:00 am - 5:00 pm ET
www.michigan.gov/vitalrecords

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 (Please check which category makes you eligible to request this change or correction)				
<p>To be eligible to correct or change a birth record, you must be the person named on the record and at least 18 years old, a parent named on the record, or a court-appointed legal guardian or legally licensed representative of the person named on the record. Legal guardians must include a copy of the court guardianship documents. Legally licensed representatives must provide information on official letterhead, documenting that he/she represents the person named on the record and provide their state bar license number.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Person named on the record (Must be at least 18 years old or legally emancipated)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Legal guardian of the person named on the record</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Parent named on the record</td> <td style="border: none;"><input type="checkbox"/> Legally licensed representative of the person 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 named on the record	<input type="checkbox"/> Parent named on the record	<input type="checkbox"/> Legally licensed representative of the person 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 named on the record			
<input type="checkbox"/> Parent named on the record	<input type="checkbox"/> Legally licensed representative of the person named on the record			

TYPE OF CHANGE OR CORRECTION REQUESTED (Please indicate below which type of change or correction you are requesting)
<ul style="list-style-type: none"> <input type="checkbox"/> Correct birth record information for a person under the age of 1 (one) <input type="checkbox"/> Correct birth record information for a person age 1-5 (one to five) <input type="checkbox"/> Correct birth record information for a person over the age of 6 (six) <input type="checkbox"/> Court-ordered legal name change (court order required) <input type="checkbox"/> Legitimation for parents who have married after the birth (marriage record required) <input type="checkbox"/> Remove a man who is not the biological father (court order required)
<p>There is a separate application if you need to add a father's name to a birth record when there is no father currently named on the record. That application can be downloaded from our website or can be mailed to you by calling the Changes Unit direct at 517-335-8660.</p>

INFORMATION NEEDED TO LOCATE BIRTH RECORD TO BE CHANGED		STATE FILE NUMBER (if known)					
If any birth information is unknown, please indicate "unknown"							
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">NAME AT BIRTH</td> <td style="width: 30%; border: none;">First</td> <td style="width: 30%; border: none;">Middle</td> <td style="width: 10%; border: none;">Last</td> </tr> </table>	NAME AT BIRTH	First	Middle	Last	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (mm/dd/yyyy)	
NAME AT BIRTH	First	Middle	Last				
IF THE PERSON ON RECORD IS ADOPTED OR HAS HAD A LEGAL NAME CHANGE (OTHER THAN MARRIAGE) PLEASE INDICATE THAT NAME HERE	<input type="checkbox"/> Adoption <input type="checkbox"/> Legal Name Change	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">First</td> <td style="width: 30%; border: none;">Middle</td> <td style="width: 40%; border: none;">Last</td> </tr> </table>	First	Middle	Last		
First	Middle	Last					
PLACE OF BIRTH:	Hospital	City County					
MOTHER'S NAME BEFORE FIRST MARRIED:	FATHER'S NAME:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">First</td> <td style="width: 30%; border: none;">Middle</td> <td style="width: 40%; border: none;">Last</td> </tr> </table>	First	Middle	Last	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">First</td> <td style="width: 30%; border: none;">Middle</td> <td style="width: 40%; border: none;">Last</td> </tr> </table>	First	Middle	Last
First	Middle	Last					
First	Middle	Last					

SEE BACK FOR CURRENT FEES, PHOTO ID REQUIREMENTS AND PROCESSING TIMES

CHANGES REQUESTED	ITEM IN ERROR	INFORMATION AS IT SHOULD APPEAR

REQUIRED DOCUMENTATION

Changes or corrections to birth records that can be made by this office are limited by law and are subject to very specific supporting documentation. In general, you must include with this application, at least two (2) pieces of dated documentary evidence. To change any part of the name requires two documents dated close to the time of birth. (Exception: Only one document dated five years ago is required to correct the spelling of the first or middle name of the person named on the record). If you are requesting that the name on the record be changed due to a legal name change, only the court order is needed for documentation. If you need more information or have questions, you may call our Changes Unit direct at (517) 335-8660.

SIGNATURE(S) REQUIRED TO PROCESS APPLICATION - When two parents are named on the record, both parents' signatures and current valid photo identification are required to correct, add or change a child's name, unless a court order of legal name change is supplied.

Signature of Person Requesting Change: _____ Date: _____

Other Signature: _____ Date: _____

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.

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
- < Driver's license or official identification card issued by another state in the U.S., jurisdiction or territory, unexpired, or expired for not more than one year.
- < 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 at 517-335-8660 and speak with a changes specialist.

PAYMENT - The fee for correcting or changing 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 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. 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 a Michigan birth record may be fined and/or imprisoned pursuant to MCL 333.2894(1)(b) and (c).

For Accounting Use Only

Note: Applications sent to the Vital Records post office box with an overnight delivery are not received in Vital Records for three (3) days

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
Jackson Court address		Court telephone no.

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: _____

Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other