



Ottawa County  
Clerk | Register of Deeds

**Information on filing for a Name Change of a Minor in the  
20<sup>th</sup> Circuit Court Family Division  
Provided by Ottawa County Clerk's Office**

Please read these instructions in their entirety before completing any of the forms. This packet is designed to give you procedural information only. Clerk staff cannot answer legal questions or give legal advice. You may wish to consult an attorney. The following are steps to follow for the name change of a minor (under 18 years old):

**FILL OUT THE PETITION:**

- Fill out the Petition for Name Change form in its entirety, as it applies to your situation (3-page document)
- Note: In Section 1, indicate any previous court case such as a support, divorce, paternity, name change, adoption, neglect/abuse, etc.
- Sign the petition

**A NOTE REGARDING PERSONAL IDENTIFYING INFORMATION:**

- Please note that the petition is designed to omit personal identifying information, such as dates of birth. Please do not include that information on the petition.
- Use the included form **MC 97a – Addendum to Protected Personal Identifying Information** to provide the court with this information. It must be filed with your petition.

**IF PARENTS ARE NOT MARRIED, OR ARE SEPARATED:**

- Only the custodial parent may file a petition to change name of a minor
- The custodial parent must obtain the non-custodial parent's consent either by signing the petition or properly executing a Waiver/Consent form

**HOW TO FILE WITH CLERK:**

- The filing fee is \$175 and is **non-refundable** in the event that your petition is denied, dismissed, or withdrawn for any reason. The Clerk's Office does not accept personal checks. You may pay by cash, money order, or credit card (Mastercard, Visa, or Discover). The filing fee must be submitted with the petition.
- You may request a waiver of the filing fee by completing the fee waiver form included in this packet. Your request must be approved by either the Clerk's Office or the Judge according to state law. If your fee waiver is denied, you will be notified and permitted to either pay the filing fee or elect not to proceed with the case.
- You may file the petition and MC 97a either in-person or by mail at:
  - 12120 Fillmore Street, West Olive, MI 49460
- Office hours are 8:00 am – 5:00 pm Monday through Friday (except county observed holidays-see county website at [www.miottawa.org](http://www.miottawa.org))

**AFTER FILING THE PETITION:**

- The clerk will mail to you:
  - A copy of your filed petition

- A receipt for the filing fee
- A half sheet of paper that indicates your:
  - Case number/File number
  - Assigned judge
  - Phone number to call to schedule your hearing
- Once you get this information in the mail, you must call the clerk to schedule your hearing.

### **PUBLISH NOTICE IN THE NEWSPAPER**

- After receiving a hearing date, complete the **Publication of Notice of Hearing Regarding Petition for Name Change** form and arrange for it to be published in a newspaper of your choosing, according to the below requirements:
  - The newspaper must circulate in Ottawa County;
  - The publication must run one time;
  - The publication must occur ***at least 14 days prior to*** your scheduled hearing date. You must call the Clerk's Office to reschedule your hearing if you miss the deadline;
  - The newspaper must provide the court with an ***Affidavit of Publication***, which is a notarized document showing what was published and when.
- If you have not gotten the consent of the non-custodial parent, and their whereabouts are unknown, include their name in the Publication of Notice of Hearing Regarding Petition for Name Change form in the "To all persons, including:" section.
- Retain the original Publication of Notice of Hearing Regarding Petition for Name Change form to file with the court. Also keep a copy of the form to serve the noncustodial parent, if necessary (see below).
- Complete the Publication of Notice of Hearing Regarding Petition for Name Change (non-custodial parent) **only** if you have an order granting a request for nonpublication

### **SERVING THE NON-CUSTODIAL PARENT**

- You must mail the non-custodial parent the Petition for Name Change and the Publication of Notice of Hearing Regarding Petition for Name Change according to service requirements.
- Once you have mailed required documents to the non-custodial parent, you need to fill out the proof of service form indicating what documents were served and how they were served. File the original of the proof of service with the clerk.
- The non-custodial parent may consent by signing the petition under the "Signature of Parent" section, or may sign the Waiver/Consent form to waive notice of the hearing and/or consent to the petition.

### **AFTER YOU PUBLISH IN THE NEWSPAPER:**

- Approximately one week prior to your scheduled hearing, call the Clerk's Office to make sure that we have received the Affidavit of Publication from the newspaper.
- If the clerk has not received an affidavit from the paper, you will need to contact them and have them send one, or you may give us your Affidavit if they sent you one.

### **AT AND AFTER THE HEARING:**

- Hearings may be held at the West Olive or Grand Haven courthouse depending on who the assigned judge is, and will either be in person, or by Zoom at the court's direction. Ask the scheduling clerk how hearings are being held when you call to set yours.
- Minors age 14 and older must consent to the name change in front of the judge at the hearing using the included Minor's Consent to Name Change form.
- The Order is in two parts to comply with Michigan's laws regarding Personal Identifying Information.
  - Part 1, which includes identifying information, will be provided to you after the hearing for a certified copy fee of \$12 (for hand-sealed paper copy) or \$10 (for electronically certified, emailed copy).
  - Part 2, which redacts the identifying information, will be retained for the court record.

### **HOW TO OBTAIN A BIRTH CERTIFICATE AFTER YOUR HEARING:**

- You are responsible for contacting vital records in Lansing, MI (if the child was born in Michigan) for them to create a new birth certificate in the child's new name.
  - Vital records may be contacted at:
    - State of Michigan  
Department of Public Health  
3423 N. Logan Street  
P.O. Box 30195  
Lansing, MI 48909  
517-335-8656 or 517-335-8666
- You will need to inquire with that office as to the current fee for a birth certificate and pay the required fee to them for the creation of a new birth certificate.
- Vital Records creates a new birth certificate in two ways:
  - If item # 9 ***is*** filled out on your order that the judge signs, vital records will create a new birth certificate and will seal the original birth certificate.
  - If item # 9 ***is not*** filled out, they will leave the original birth certificate in its original form and create an addendum to it that indicates the new name.
- If you were not born in Michigan you must:
  - Call the agency responsible for creating birth records for the applicable state.
  - Inquire as to their process for creating a new birth record.

### **CONTACT INFORMATION FOR QUESTIONS:**

Ottawa County Clerk  
Family Division  
12120 Fillmore Street  
West Olive, MI 49460  
Phone: (616) 786-4108  
Fax: (616) 738-4638

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>PETITION FOR NAME CHANGE</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

- A. You must complete form *PC 51* or *PC 51c* to begin a name change proceeding. Use this form (*PC 51*) unless you have good cause not to publish notice of your name change proceeding, such as you believe publication of the notice of hearing will put you or another individual in danger of physical harm, or at risk of unlawful retaliation or discrimination. If you have good cause, use form *PC 51c, Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record* to ask the court for permission not to publish a notice about the name change and to keep the record confidential.
- B. Unless you have received permission not to publish, the law requires that notice of hearing about the petition be published in a newspaper. You must file a completed *PC 50, Publication of Notice of Hearing Regarding Petition for Name Change*, with the court. Contact the court clerk for information about when PC 50 must be submitted.
- C. 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](http://michiganlegalhelp.org).

In the matter of \_\_\_\_\_  
Current 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 their
  - 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 \_\_\_\_\_  Deceased  
Parent

and \_\_\_\_\_  Deceased  
Parent

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

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.)

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

	FROM (current name)	TO (proposed name)	DATE OF BIRTH
<b>Petitioner</b>	First:	First:	Put DOB in Ref. No. row 10 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
<b>Spouse</b>	First:	First:	Put DOB in Ref. No. row 11 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
<b>Minor child</b>	First:	First:	Put DOB in Ref. No. row 12 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
<b>Minor child</b>	First:	First:	Put DOB in Ref. No. row 13 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
<b>Minor child</b>	First:	First:	Put DOB in Ref. No. row 14 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	

**Note:** 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(s) of \_\_\_\_\_ at birth and to seal the original certificate.
- Name(s)

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's signature

\_\_\_\_\_  
Petitioner's attorney 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)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

Plaintiff's/Petitioner's name	<b>v</b>	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.		
<b>10</b>	Name	DOB	Other
<b>11</b>	Name	DOB	Other
<b>12</b>	Name	DOB	Other
<b>13</b>	Name	DOB	Other
<b>14</b>	Name	DOB	Other
<b>15</b>	Name	DOB	Other
<b>16</b>	Name	DOB	Other
<b>17</b>	Name	DOB	Other
<b>18</b>	Name	DOB	Other

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PUBLICATION OF NOTICE OF          HEARING REGARDING          PETITION FOR NAME CHANGE</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

**Use note:** Use this form for the required publication of notice **unless** you have an order granting a request for nonpublication. If you have an order for nonpublication, but must publish a notice to a noncustodial parent, use form *PC 50c, Publication of Notice of Hearing Regarding Petition for Name Change (Noncustodial Parent)*.

In the matter of \_\_\_\_\_  
Current first, middle, and last name(s) (type or print)

**Publish only the information contained in the box below.**

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:** \_\_\_\_\_ has filed a petition for name change.  
Petitioner's name

A name change 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

Publish \_\_\_\_\_ time(s) in \_\_\_\_\_ in \_\_\_\_\_ County.  
Name of publication

Furnish \_\_\_\_\_ copies to \_\_\_\_\_.

Furnish affidavit of publication to the  court.  petitioner.

Forward statement for publication charges to\* \_\_\_\_\_.

\*If the court has waived fees under MCR 2.002, it must pay the cost of any ordered publication, including any affidavit fee charged by the publisher or the publisher's agent.

**Note:** Case records reflecting court payment of publication costs are nonpublic.



<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>WAIVER/CONSENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. I am interested in the matter as \_\_\_\_\_ .

2. I waive notice of the hearing and consent to the application/petition for \_\_\_\_\_  
Nature of application/petition and name of applicant/petitioner

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\_\_\_\_\_, and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning \_\_\_\_\_  
Nature of hearing

_____		_____	
Attorney name (type or print)		Date	
_____		_____	
Bar no.		Signature	
_____		_____	
Address		Name (type or print)	
_____		_____	
City, state, zip		Address	
_____		_____	
Telephone no.		City, state, zip	
_____		_____	
		Telephone no.	
		_____	

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only

<p align="center"><b>STATE OF MICHIGAN</b>  <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b>  <b>COUNTY</b></p>	<p align="center"><b>MINOR'S CONSENT TO NAME CHANGE</b></p>	<p><b>CASE NO. and JUDGE</b></p>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
Current first, middle, and last name(s) (type or print)

I consent to change my name as stated in the petition filed on \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's signature

In my presence, the minor who is the subject of this petition signed this consent before me.

\_\_\_\_\_  
Judge signature and date

**NOTE:** A minor 14 years of age or older must sign a written consent in the presence of the judge before an order to change name can be entered for that minor. The written consent may be signed at the hearing on the petition for name change.

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PUBLICATION OF NOTICE OF HEARING          REGARDING          PETITION FOR NAME CHANGE          (NONCUSTODIAL PARENT)</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

**Use note:** Use this form **only** if you have an order granting a request for nonpublication. If you do not have an order for nonpublication, use form *PC 50, Publication of Notice of Hearing Regarding Petition for Name Change*.

In the matter of \_\_\_\_\_  
Current first, middle, and last name(s) (type or print)

**Publish only the information contained in the box below.**

TO: \_\_\_\_\_  
Noncustodial parent's name  
 whose address is unknown and whose interest in the matter may be barred or affected by the following:

**TAKE NOTICE:** Your child(ren)'s custodial parent, \_\_\_\_\_,  
Petitioner's name  
 has filed a petition for name change on behalf of your minor child(ren). A name change hearing will be held on

\_\_\_\_\_ at \_\_\_\_\_ before Judge \_\_\_\_\_  
Date and time Location

Publish \_\_\_\_\_ time(s) in \_\_\_\_\_ in \_\_\_\_\_ County.  
Name of publication

Furnish \_\_\_\_\_ copies to \_\_\_\_\_.

Furnish affidavit of publication to the  court.  petitioner.

Forward statement for publication charges to\* \_\_\_\_\_.

\*If the court has waived fees under MCR 2.002, it must pay the cost of any ordered publication, including any affidavit fee charged by the publisher or the publisher's agent.

**Note:** Case records reflecting court payment of publication costs are nonpublic.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PROOF OF SERVICE</b>	<b>FILE NO.</b>
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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	
\$		\$	
Incorrect address fee	Miles traveled	Fee	<b>TOTAL FEE</b>
\$		\$	\$

\_\_\_\_\_  
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

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE</b>	<b>FEE WAIVER REQUEST</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

Plaintiff/Petitioner's name, address, and telephone no.	<b>v</b>	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of \_\_\_\_\_

**Instructions:** Complete this form and file it with the court. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

1. I receive the following type(s) of public assistance because of indigence:
- Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
  - Medicaid (including Healthy Michigan, CHIP, and ESO)
  - Family Independence Program through the State of Michigan (also known as FIP or TANF)
  - Women, Infants, and Children benefits (WIC)
  - Supplemental Security Income through the federal government (SSI)
  - Other means-tested public assistance: \_\_\_\_\_

My public assistance case number(s) (if any) is \_\_\_\_\_  
Write "none" if no case number. Do not write your SSN.

2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is \_\_\_\_\_

3. I am unable to pay the fees and I did not check item 1 or 2 above.
- My gross household income is \$ \_\_\_\_\_ every \_\_\_\_\_  
Week/Two weeks/Month/Year
- The number of people in my household is \_\_\_\_\_
- My source of income is \_\_\_\_\_
- List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

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

\_\_\_\_\_  
 Date Signature

**CLERK WAIVER**

1. Payment of filing fees is waived.

\_\_\_\_\_  
Signature of court clerk and date

**ORDER**

**IT IS ORDERED:**

1. Payment of filing fees is waived because:
- a. Your gross household income is under 125% of the federal poverty guidelines.
  - b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
  - c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

2. The fee waiver request is denied because:
- a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
  - b. Other:

\_\_\_\_\_  
Judge/Magistrate (when authorized) signature and date

**NOTICE**

**IF YOUR REQUEST WAS DENIED:** To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

\_\_\_\_\_  
Issue date (completed by clerk)