

DELAYED REGISTRATION OF FOREIGN BIRTH

Enclosed for your use are the following:

1. **Motion and Order for Delayed Registration of Foreign Birth (Form PCA 350)**

Fill out this motion and file it with the Ottawa County Probate Court (see address below) along with your payment of \$175.00 payable to the Ottawa County Probate Court. You **MUST** include a copy of the adoption order and the child's birth certificate, please be sure it is translated into the English language.

2. **Application to Establish Delayed Registration of Foreign Birth**

Print in ink or type the first page of this form and sign the second page under the 'Signature(s)' section. All blanks on the first page **must** be filled in completely. **List the child's name on the form as you would like it to appear on the birth certificate.** Note: The State will not accept this form with white out or corrections of any type. We are enclosing two copies of the form in case you make a mistake. We suggest using one form for a work copy then complete the second in ink or type.

The Court will send a copy of the Application to Vital Records Changes. Your receipt, along with one copy of the Motion and Order and two copies of the Application will be returned to you.

You must mail one copy of the Application to Establish Delayed Registration of Foreign Birth, after the Court endorses it, to Vital Records Changes along with a check payable to the State of Michigan for their fee in order to receive the birth certificate. Page 2 of the Application also contains the State fees.

**COURT STAFF IS PROHIBITED BY LAW FROM GIVING LEGAL
ADVICE, IF YOU HAVE ANY LEGAL QUESTIONS DURING THIS
PROCESS PLEASE CONTACT AN ATTORNEY**

Ottawa County Probate Court
12120 Fillmore Street
West Olive MI 49460

Hours: Mon-Fri 8:00 AM- 5:00 PM
Phone: 616-786-4110
Website: www.miottawa.org

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY</p>	<p align="center">PETITION AND ORDER FOR DELAYED REGISTRATION OF FOREIGN BIRTH</p>	<p>FILE NO.</p>
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In the matter of _____ Current full name of child _____ DOB: _____

PETITION

1. On _____ at _____ I adopted the child named above.
Date Location

A copy of the adoption order is attached.
 A copy of the child's birth certificate is attached.

- 2. The date and place of birth of the child cannot be determined.
- 3. The recorded date of birth of the child differs from the date of birth determined by a medical assessment of the child. A copy of the assessment is attached.

I REQUEST:

4. The court file with the Michigan Department of Health and Human Services the attached delayed registration of foreign birth established by court order and the new name of the child be recorded as _____.
New name of child

5. The court determine the date and place of birth of the child.

_____ Date	_____ Date
_____ Signature of petitioner	_____ Signature of petitioner
_____ Name of petitioner (type or print)	_____ Name of petitioner (type or print)
_____ Address	_____ Address
_____ City, state, zip	_____ City, state, zip
_____ Telephone no.	_____ Telephone no.

ORDER

IT IS ORDERED:

- 6. The petition is granted and the probate court shall cause the delayed registration of foreign birth established by court order to be filed with the Michigan Department of Health and Human Services.
- 7. The date of birth of the child is determined to be _____.
- 8. The place of birth of the child is determined to be _____.

_____ Date	_____ Judge	_____ Bar no.
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Do not write below this line - For court use only

**APPLICATION TO
ESTABLISH DELAYED REGISTRATION OF FOREIGN BIRTH**
Michigan Department of Health and Human Services

PLEASE READ AND FOLLOW INSTRUCTIONS

For additional information:
Vital Records Changes
(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

PARENT(S) INFORMATION		PLEASE PRINT CLEARLY AND LEGIBLY									
Parent(s) names and complete mailing address are needed to mail the new record. Please provide a phone number to contact you if there are questions regarding this request.											
Name(s):											
Mailing Address (Cannot send to General Delivery):											
City/State/Zip:											
Daytime phone to contact you:	Area Code & Number										

INFORMATION REQUIRED TO PREPARE THE ADOPTIVE BIRTH RECORD				
Child's Name	First	Middle	Last	
Gender	This Birth - Single, Twin, Triplet, etc. (Specify)	If Not Single - Born 1 st , 2 nd , 3 rd , etc. (Specify)	Date of Birth (Month, Day, Year)	Time of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Country of Birth				
Parent(s) Current Legal Name	First	Middle	Last	First Middle Last
Name Before First Married (If Applicable)	First	Middle	Last	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				

SIGNATURE(S)	
<p>This form should be signed by the adoptive parent(s) with his/her current name(s). The adoptive parent(s) should verify information listed for the adoptive birth record.</p>	
<p>_____</p> <p>Signature of Person Adopting</p>	<p>_____</p> <p>Signature of Other Person Adopting (if applicable)</p>

COURT CERTIFICATION
<p>The Probate Court of _____ County, Michigan</p> <p>I hereby certify that this court has acknowledged the birth facts of the foreign born child, and the identified information about the adoptive parents dated _____.</p> <p style="margin-left: 40px;">Month Day Year</p>
<p>CASE NO. _____</p> <p>_____</p> <p style="margin-left: 100px;">Judge</p> <p>By _____</p> <p style="margin-left: 100px;">Probate Register</p>
<p>SEAL</p>

<p>OFFICE USE ONLY - DO NOT WRITE IN THIS AREA</p>	<p>PAYMENT - The fee for establishing a delayed registration of foreign birth 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. Normal processing time is 5-6 weeks. Payment must be made by check or money order payable to the State of Michigan. The new birth record will not be created until the recording fee has been paid.</p>						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border: none;"> <p>Establish Delayed Registration of Foreign Birth (Non-Refundable) Fee includes one (1) certified copy of the new record</p> </td> <td style="width: 20%; border: none; text-align: center;"> <p>\$ 50.00</p> </td> </tr> <tr> <td style="border: none;"> <p>_____ Additional Certified Copies \$16.00 each</p> </td> <td style="border: none; text-align: center;"> <p>\$</p> </td> </tr> <tr> <td style="border: none;">TOTAL ENCLOSED:</td> <td style="border: none; text-align: center;"> <p>\$</p> </td> </tr> </table>	<p>Establish Delayed Registration of Foreign Birth (Non-Refundable) Fee includes one (1) certified copy of the new record</p>	<p>\$ 50.00</p>	<p>_____ Additional Certified Copies \$16.00 each</p>	<p>\$</p>	TOTAL ENCLOSED:	<p>\$</p>
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<p>_____ Additional Certified Copies \$16.00 each</p>	<p>\$</p>						
TOTAL ENCLOSED:	<p>\$</p>						

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