

DELAYED REGISTRATION OF FOREIGN BIRTH

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

Forms must be filled out completely and filed with the Court. Keep copies for your own record.

Step One: Initial Filing-*Payment of \$175.00 is due at the time of filing online along with the following documents:*

- Petition and Order for Delayed Registration of Foreign Birth (PCA 350)-In Order to begin the process you will need to file the completed petition with the Court along with your payment of \$175.00.
 - On the form: In the matter of put current name of child (birth name)
On #4 put the new name of child if being changed
- Copy of the Adoption Order (please be sure it is translated into the English Language)
- Copy of the Child's birth certificate (please be sure it is translated into the English Language)
 - If 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 must be provided.
- Application to Establish Delayed Registration of Foreign Birth (Michigan Department of Health and Human Services) – 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.

Step Two: Once you have received confirmation from the Court that we have accepted your petition, application, and attachments and the forms have been signed the following steps will be completed.

- The Court will send a Copy of the Application to Vital Record Changes. Your receipt, along with one copy of the Petition and Order and two copies of the Application will be returned to the Petitioner.
- The Petitioner 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 two of the Application also contains the State fees).

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

STATE OF MICHIGAN PROBATE COURT OTTAWA COUNTY	PETITION AND ORDER FOR DELAYED REGISTRATION OF FOREIGN BIRTH	FILE NO.
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In the matter of _____ DOB: _____
Current full name of child

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

Signature of petitioner

Name of petitioner (type or print)

Address

City, state, zip

Telephone no.

Date

Signature of petitioner

Name of petitioner (type or print)

Address

City, state, zip

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.

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									
<table style="width: 100%;"><tr><td style="width: 20%;">Childs Name</td><td style="width: 20%;">First</td><td style="width: 20%;">Middle</td><td style="width: 20%;">Last</td><td style="width: 20%;"></td></tr></table>					Childs Name	First	Middle	Last	
Childs Name	First	Middle	Last						
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	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					
Country of Birth									
Parent(s) Current Legal Name	First	Middle	Last	First					
Name Before First Married (If Applicable)	First	Middle	Last	First					
Date of Birth	Month	Day	Year	Month					
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)

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.

Signature of Person Adopting_____
Signature of Other Person Adopting (if applicable)**COURT CERTIFICATION**

The Probate Court of _____ County, Michigan

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

Month Day Year

CASE NO. _____

JudgeBy _____
Probate Register

SEAL

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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.**

Establish Delayed Registration of Foreign Birth (Non-Refundable) Fee includes one (1) certified copy of the new record	\$ 50.00
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_____ Additional Certified Copies \$16.00 each	\$
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TOTAL ENCLOSED:	\$
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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).