

## 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 uploaded to MiFile ([mifile.court.michigan.gov/login](http://mifile.court.michigan.gov/login)). 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:*

- x Petition and Order for Delayed Registration of Foreign Birth (PCA 350)-In Order to begin the process you will need to upload the completed petition on MiFile along with your payment of \$175.00.
  - o 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
- x Copy of the Adoption Order (please be sure it is translated into the English Language)
- x }%o Ç }( š Z Z]o [• ]Œ š Z Œ š ]( ) š ~%o o • • μ Œ ]š ]• š Œ
  - o 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.
- x Application to Establish Delayed Registration of Foreign Birth (Michigan Department of Health and Human Services) t Print in ink or type the first page of this form and sign the • }v %o P μ v Œ š Z Z•]P v š μ Œ ~••[ • š **must be filed in o v l • }v š Z completely. >]•š š Z Z]o [• v u }v š Z (}Œ u • Ç}μ Á}μ o o]l ]š š } 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 MiFile that the Court has accepted your petition, application, and attachments and the forms have been signed the following steps will be completed.

- x 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.
- x 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](http://www.miottawa.org)

<p align="center"><b>STATE OF MICHIGAN PROBATE COURT COUNTY</b></p>	<p align="center"><b>PETITION AND ORDER FOR DELAYED REGISTRATION OF FOREIGN BIRTH</b></p>	<p><b>FILE NO.</b></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.

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									
<b>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.</b>											
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 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 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><b>OFFICE USE ONLY - DO NOT WRITE IN THIS AREA</b></p>	<p><b>PAYMENT</b> - 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. <b>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.</b></p>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">           Establish Delayed Registration of Foreign Birth  <b>(Non-Refundable)</b>            Fee includes one (1) certified copy of the new record         </td> <td style="width: 15%; padding: 5px; text-align: right;">\$ 50.00</td> </tr> <tr> <td style="padding: 5px;">           _____ Additional Certified Copies    \$16.00 each         </td> <td style="padding: 5px; text-align: right;">\$</td> </tr> <tr> <td style="padding: 5px;"><b>TOTAL ENCLOSED:</b></td> <td style="padding: 5px; text-align: right;">\$</td> </tr> </table>	Establish Delayed Registration of Foreign Birth <b>(Non-Refundable)</b> Fee includes one (1) certified copy of the new record	\$ 50.00	_____ Additional Certified Copies    \$16.00 each	\$	<b>TOTAL ENCLOSED:</b>	\$
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_____ Additional Certified Copies    \$16.00 each	\$						
<b>TOTAL ENCLOSED:</b>	\$						

<p><b>PENALTIES:</b> 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>
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