

NAME CHANGE PROCEDURES

PLEASE NOTE THAT THE COURT IS NOT ALLOWED TO GIVE LEGAL ADVICE OR HELP YOU FILL OUT THESE FORMS. IF YOU NEED ASSISTANCE, PLEASE CONSULT AN ATTORNEY.

PREREQUISITE:

Applicant must have been a resident of the county in which the petition for name change is filed for a minimum of 12 months immediately preceding the filing of the petition.

NAME CHANGE FEES

<i>Description of Fee</i>	<i>Fees Paid To</i>	<i>Fee</i>
Court Filing Fee	Osceola County Probate Court	\$175.00
Paper Publication	Harold Review	\$79.65
Certified Order of Name Change	Osceola County Probate Court	\$12.00
Finger Printing - for Adults 22+	Osceola County Sheriff Department	\$10.00
Criminal History Check - for Adults 22+	Michigan State Police	\$43.25

BACKGROUND CHECK

A background check is preformed to determine if the name change is sought with fraudulent intent. A background check is not preformed on applicants 21 years of age and younger. To obtain the necessary background check, the applicant must take the completed copy of the *Petition for Name Change* to Osceola County Community Corrections and obtain a set of finger prints.

Once the applicant has obtained the fingerprint card from Osceola County Community Corrections, he or she must mail the following items to the address listed below:

- Copy of the *Petition for Name Change*
- State Applicant Fingerprint Card
- \$43.25 nonrefundable fee payable to the State of Michigan
 - MICHIGAN STATE POLICE
CENTRAL RECORDS DIVISION
P.O. Box 30634
LANSING, MI 48909
(517) 241-0606

The applicant's background check must go through the State of Michigan and the Federal Bureau of Investigation. It takes approximately 3-4 weeks for the background check to be completed. The court upon receipt of the completed background check will then contact the applicant to set the hearing date for the name change.

NAME CHANGE OF A MINOR

- For the name change of a minor, consent must be give by the non-custodial parent.

OR

- Provide proof that the non-custodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, c, d, or e), or assault with intent to commit criminal sexual conduct (MCL 750.520g) and the child or a sibling of the child was the victim.

OR

- Must show the non-custodial parent has had the ability to visit, contact, or communicate with the child and has not regularly and substantially failed or neglected to do so for a period of two years or more before the filing of the petition.

- AND EITHER

- A support order has been entered, and the non-custodial parent has failed to substantially comply with the order for a period of two years or more before the filing of the petition.

OR

- An order of support has not been entered and the non-custodial 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 filing of the petition.

PUBLICATION

The applicant must publish the notice of hearing once in an Osceola County publication, *The Harold Review*, at least two weeks prior to the hearing date. The applicant must pay the newspaper for this publication in order for the notice to be published. It is the applicant's responsibility to ensure that the court receives an Affidavit of Publication prior to the hearing.

FORMS INCLUDED IN THIS PACKET

- Osceola County Community Corrections Fingerprint Information
- Michigan State Police Criminal History Background Check Legal Name Change Information
- Petition to Change Name PC 51
- Addendum to Protected Personal Identifying Information (MC 97a)
- Purposed Minor's Consent to Change Name PC 51b
- Application to Correct or Change a Michigan Birth Record (DCH-0847)

Name Change

Revised 10/2024

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION OSCEOLA COUNTY	PETITION FOR NAME CHANGE	CASE NO. and JUDGE HON. TYLER THOMPSON (P70870)
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Court address 301 W UPTON AVE REED CITY MI 49677 **Court telephone no.** 231-832-6124

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.

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 _____ 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.)

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
Petitioner	First:	First:	Put DOB in Ref. No. row 10 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Spouse	First:	First:	Put DOB in Ref. No. row 11 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 12 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 13 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	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.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE Osceola	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Court address 301 W. Upton Ave, Reed City, MI 49677	Court telephone no. 231-832-6124
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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



STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE
LANSING

GRETCHEN WHITMER
GOVERNOR

COL. JOSEPH M. GASPER
DIRECTOR

MICHIGAN STATE POLICE
CRIMINAL HISTORY BACKGROUND CHECK FOR LEGAL NAME CHANGE

Effective: January 2019

1. Make a formal application with the court for a legal name Change.
2. 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. **We only need one fingerprint card per person.**
3. 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.

Mail the following (No walk-in traffic is allowed) to the address below:

- The Fingerprint Card – **DO NOT FOLD**
- A copy of the Petition to Change Name with court file Number on it
- A check or money order payable to the **STATE OF MICHIGAN** for **\$43.25 (per person)**

MICHIGAN STATE POLICE
CJIC
P.O. Box 30266
Lansing, MI 48909

Further questions:

Phone 517-241-0606

FAX 517-241-0866

E-Mail: mssp-crd-applhelp@michigan.gov

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION OSCEOLA COUNTY	PUBLICATION OF NOTICE OF HEARING REGARDING PETITION FOR NAME CHANGE	CASE NO. and JUDGE HON. TYLER THOMPSON (P70870)
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Court address 301 W UPTON AVE REED CITY MI 49677 **Court telephone no.** 231-832-6124

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.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION OSCEOLA COUNTY	MINOR'S CONSENT TO NAME CHANGE	CASE NO. and JUDGE HON. TYLER THOMPSON (P70870)
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Court address 301 W. UPTON AVE. REED CITY MI 49677	Court telephone no. 231-832-6124
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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.

APPLICATION TO CORRECT OR CHANGE A MICHIGAN BIRTH RECORD

If any information is unknown, please indicate "unknown". Incomplete applications will be returned.

PART 1 - APPLICANT INFORMATION Must be 18 years old or older

Name: _____
(First) (Middle) (Last)

Address: _____ City/State: _____ Zip: _____

Phone: _____ E-mail: _____

PART 2 - ELIGIBILITY Copy of valid identification is required. See next page for more details.

- Self (Correcting my own record) Legal guardian of the person named on the record
 Parent named on the record Legally licensed representative of the person named on the record

PART 3 - TYPE OF CHANGE OR CORRECTION REQUESTED

- Correct/Change birth record for adult Court ordered legal name change. (Court order required)
 Correct/Change birth record for minor Remove a person who is not the biological parent (Court order required)
 Name change for parents who have married after the birth (Marriage record required)

PART 4 - CHILD'S INFORMATION NEEDED TO LOCATE CURRENT BIRTH CERTIFICATE

Full Name on Birth Certificate: _____ Date of Birth: _____

Other Names Used: Adoption Legal Name Change

(First) (Middle) (Last)

Place of Birth: _____ Gender: Male Female X
(City and County)

PART 5 - PARENTS' INFORMATION ON CHILD'S CURRENT BIRTH CERTIFICATE

Mother/Parent Full Name at Birth: _____ Date of Birth: _____

Father/Parent Full Name at Birth: _____ Date of Birth: _____

PART 6 - CHANGES REQUESTED:

Incorrect item as it currently appears on the record	Information as you would like it to appear on the record
1.	1.
2.	2.
3.	3.
4.	4.

PART 7 - SIGNATURE(S) REQUIRED TO PROCESS APPLICATION

If correcting a child's name all parents listed on record must sign. If the child is over the age of 15 and the name change is not court ordered, we also require the child's signature.

Signature of Person Requesting Change: _____ Date: _____
Other Signature: _____ Date: _____

For Regular Processing
Mail Application, ID, Documents and Fee to:
Vital Records Changes
P.O. Box 30721
Lansing, MI 48909

For RUSH Processing (Rush fee must be included)
Mail Application, ID, Documents and Fee to:
Vital Records Changes RUSH
P.O. Box 30721
Lansing, MI 48909

PAYMENT Check or Money Order made out to the "State of Michigan" Application Fee is Non-Refundable

Application Fee:	\$50.00 (includes one copy)	\$50.00
Additional Certified Copies:	\$16.00 each	\$
RUSH Processing Fee	\$25.00	\$
TOTAL ENCLOSED:		\$

REQUIRED DOCUMENTATION Original documents will not be returned to you

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, we require at least two (2) dated documents proving the correct information. Documents typically need to be at least five years old or older. Some changes require documents dated close to the time of birth.
- If you are changing the name on a birth certificate for a person over the age of one (1) and do not have documents to prove you have always used that name, you will have to petition the court in your county for a legal name change order and submit a copy of the court order to our office.
- To correct a parent's information on a birth certificate we generally need a copy of the parent's birth certificate, marriage license or two documents dated five (5) years old or older showing the correct information.

For more information on documents needed, visit our FAQs on our website at www.michigan.gov/vitalrecords You can also call our Changes Unit at **517-335-8660** or email MDHHS-VR-Changes@Michigan.gov.

ELIGIBILITY

Must be at least 18 years old or legally emancipated. Legal guardians must include a copy of the court guardianship documents. Legally licensed representatives must provide documentation on official letterhead documenting that he/she represents the person named on the record and provide their state bar license number, along with client's identification.

IDENTIFICATION REQUIREMENT Original documents will not be returned to you

To change a Michigan birth record, a copy of a current valid, government-issued identification is required to establish eligibility.

If you are correcting a child's name, we require identification for all parents listed on the record. If a child's name change is court ordered, we only require identification for one parent.

Please send a copy of one of the following unexpired identifications:

- ✓ U.S. or U.S. Territories **Driver's License or Identification Card**
- ✓ U.S. or Foreign Passport
- ✓ U.S. Passport Card
- ✓ U.S. Military Identification Card with **both** picture and signature
- ✓ Other U.S. or U.S. Territories issued document that meets the following criteria: Document must be unexpired. Document must contain a photograph and at least the following information: name, date of birth, date of expiration, signature, and address.

If you do not have identification as listed above, we will accept other documents to prove your identity. For a list of alternative documents please visit our website at www.michigan.gov/vitalrecords or call our office at 517-335-8666.

PROCESSING TIME Prepaid self-addressed envelopes will NOT be used by our office

Normal processing time to correct or change a Michigan birth certificate is 5-6 weeks if all required documents are received. If we must contact you for additional documentation, the processing time starts when we receive all documentation needed. If you pay for RUSH service, processing time is 2-3 weeks from when all required documentation is received in our office. Processing time is not guaranteed. There could be situations out of our control that cause processing times to be longer.

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

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)

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.