NOTICE OF ORDER OF FILIATION

Mail with proper fee to: Vital Records Changes PO Box 30721

Lansing MI 48909

PARENT(S) INFORMATION					to mail the new recor	d. Please provide	e a	
phone number to contact if the Parent(s) Name								
Mailing Address								
City/State/Zip Code								
Phone Phone								
THORE	Area Code	Number						
Name of Child at Birth (First)		(Middle)		(Last)				
Date of Birth (Month, Day, Year)		Place of Birth (City, Village, Township)			(County)	(State)		
Name of Mother (First, Middle, L	ast)							
Mother's Name Before First Mar	riod			Social Security Number	I Date of Birth	State of Bir	·h	
Mother's Name Defore First Mariled			Social Security Number		Date of Billi	(or Country		
he court has determined	that the fath	er of this child	d is:					
				Social Socurity Number	Date of Birth	State of Birt	·h	
Name of Father (First, Middle, Last)			Social Security Number		(or Country if not USA			
The mother of this child h	as determine	ed that the chi	ild shal	I be named (please o	lesignate full nan	ne of the child	d):	
First Middle				Last				
COURT	NEODMATIO	N	_	PAYMENT - Recor	ding a Notice of Order	of Filiation require	es no fee	
COURT INFORMATION				If a new birth recor	d is to be created, the w birth record. Addition:	fee is \$40.00 and	includes	
County				are available for	\$12.00 each when or	dered at the sa	me time.	
Docket Number				payable to the "St	Payment must be made by check or money order and made payable to the "State of Michigan." The new birth record will not be created until the fee has been paid.			
				Record Notice of O Filiation (Non-Refur	rder of	¢ 40.00	# 40.00	
Date Order Filed in Court				Fee includes one (1 Copy of the record		\$ 40.00	\$ 40.00	
Signature:					itional certified	\$ 12.00	\$	
Clerk of Court:				·	es of the record	Each		
Date:				TOTAL ENCLO	OSED		\$	
				DCH-0839 Rev	12/2004			