

**ADOPTION REPORT
REQUIRED TO ESTABLISH A NEW MICHIGAN BIRTH RECORD
(To Be Submitted By the Court)**

Michigan Department of Health and Human Services

Has it been requested that a new certificate **NOT** be created? Yes No
If yes, the adoption does not need to be reported to the Vital Records Program.

PLEASE TYPE OR PRINT CLEARLY AND LEGIBLY

INFORMATION REQUIRED TO CREATE THE ADOPTIVE BIRTH RECORD						
Childs Name	First	Middle	Last			
PARENT(S) INFORMATION*						
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						

** If the child's date of birth is prior to 1989, the mother's current legal name will not appear on a certified copy of the birth record, and the parent's ages will appear rather than their dates of birth.

PARENT(S) INFORMATION																					
Parent(s) name and complete mailing address are needed to mail the new record. Please provide a phone number to contact you if there are questions regarding the new record.																					
Name(s)																					
Mailing Address																					
City/State/Zip	County of Residence																				
Daytime phone to contact you	Area Code & Number																				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> <td style="width:20px;"></td> </tr> </table>																				

PAYMENT - The fee for establishing a new Michigan birth record following an adoption 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. 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 recording fee has been paid.		
Establish New Birth Record Following an Adoption (Fee includes one (1) certified copy of the record)	\$ 50.00	\$ 50.00
_____ Additional Certified Copies	\$ 16.00 Each	\$
Rush Fee (2-3 weeks processing)	\$ 25.00	\$
TOTAL ENCLOSED:		\$

SIGNATURE(S)
Personal data of adoptive parents and child's name after adoption should be reviewed and signed before the section for Information Needed to Identify Original Birth Record is completed. The form should be signed by the adoptive parent(s). The adoptive parent(s) should verify information listed for the adoptee.
_____ Signature of Person Adopting
_____ Signature of Other Person Adopting (If Applicable)

INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH RECORD

Childs Name at Birth	First	Middle	Last
Childs Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Childs Date of Birth	Month	Day	Year
Childs Place of Birth	City	County	
Name of Birthing Hospital (If Available)			
Biological Mothers Name Before First Married	First	Middle	Last

COURT CERTIFICATION

The Family Division of Circuit Court of _____ County, Michigan

I hereby certify that the child named above was adopted in accordance with Michigan law on _____
(Month, Day, Year)
by the person(s) listed as the parent(s) for the adoptive birth record, as set forth in the final decree of adoption.

CASE NO. _____

Judge

By _____
Clerk of the Court

SEAL

For additional information:

Vital Records Changes
(517) 335-8660
Mon-Fri 8:00 am - 5:00 pm ET

MAIL REPORT AND PROPER FEE TO:

Vital Records Changes
P.O. Box 30721
Lansing MI 48909