

APPLICATION TO **CORRECT** OR **CHANGE** A **MICHIGAN BIRTH RECORD**
(FOR A CHILD LESS THAN ONE YEAR OLD)

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

PERSON REQUESTING CORRECTION OR CHANGE

PLEASE PRINT CLEARLY AND LEGIBLY

Please provide your name and complete mailing address to mail the new record to you and a phone number to contact you if there are questions regarding this request.

Person Requesting Correction or Change:

Mailing Address:

City/State/Zip:

Daytime phone to contact you:

Area Code & Number

ELIGIBILITY

To be eligible to correct or change a child's birth record, you must be a parent named on the record, or a legal guardian or legal representative of the person named on the record. Legal guardians must include a copy of the court guardianship documents. Legal representatives must provide information on official letterhead, documenting that he/she represents the person named on the record.

9 Parent named on the record

9 Legal guardian of the person named on the record

9 Legal representative of the person named on the record

DOCUMENTARY EVIDENCE IS "NOT" REQUIRED FOR THE FOLLOWING CHANGES:

1. Correct, add or change the first or middle name of the child.

2. Correct the spelling of the child's last name.

3. Add a parent's first or middle name if originally omitted.

REQUIRED DOCUMENTATION

Any other changes than those items listed above require documentary evidence. Some examples might be hospital records, medical records, statement from attendant at birth, baptismal records, insurance documents, etc. If you need more information or have specific questions, you may call the Changes Unit at **(517) 335-8660**.

Please list below the documentary evidence you are submitting to make the change requested:

1. _____

2. _____

Documentation will be returned to you when the request has been completed.

CHANGES REQUESTED:	ITEM IN ERROR	INFORMATION AS IT SHOULD APPEAR

If any birth information is unknown, please indicate "unknown" in the appropriate space.

INFO TO LOCATE CHILD'S BIRTH RECORD	CHILD'S NAME AT BIRTH: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div>	CHILD'S DATE OF BIRTH _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Mo Day Year </div>
GENDER 9 Male 9 Female	CHILD'S PLACE OF BIRTH: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Hospital (If recent birth) City County </div>	
MOTHER'S NAME BEFORE FIRST MARRIED: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div>		Mother's State of Birth (Or country, if not U.S.)
FATHER'S NAME: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle Last </div>		Father's State of Birth (Or country, if not U.S.)

A SIGNATURE IS REQUIRED TO PROCESS THE APPLICATION. WHEN TWO PARENTS ARE NAMED ON THE RECORD, BOTH PARENTS' SIGNATURES ARE REQUIRED TO CORRECT, ADD OR CHANGE A CHILD'S NAME.

K Signature of Person Requesting Change: _____ Date: _____

K Other Signature: _____ Date: _____

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined not more than \$1,000 and/or imprisoned not more than one (1) year. MCL 333.2894(1)(b) and (c).

PAYMENT - The fee for correcting or changing a Michigan birth record is \$26.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$5.00 each when ordered at the same time. **Payment must be made by check or money order and made payable to the "State of Michigan."**

Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$26.00	\$ 26.00
_____ Additional Certified Copies	\$ 5.00 Each	\$
TOTAL ENCLOSED:		\$