

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.

NOTE: 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

Description of Fee	Fees Paid To	Fee
Court Filing Fee	Osceola County Probate Court	\$175.00
Paper Publication	Harold Review	\$111.95
Certified Order of Name Change	Osceola County Probate Court	\$12.00

FORMS INCLUDED IN THIS PACKET

- Petition to Change Name (PC 51)
- Addendum to Protected Personal Identifying Information (MC 97a)
- Minor's Consent to Change Name (PC 51b)
- Application to Correct or Change a Michigan Birth Record (DCH-0847)
- Publication of Notice of Hearing Regarding Petition for Name Change (PC 50)

PUBLICATION

After the filing of the petition with the Probate Court, the applicant must publish the notice of hearing once in a Osceola County publication, The Harold Review. The applicant must pay the newspaper directly 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. The Court cannot proceed with the name change process until the Affidavit of Publication has been received by the Court.

BACKGROUND CHECK (For Adult Name Changes Only)

A background check is performed to determine if the name change is sought with fraudulent intent. A background check is not performed on applicants 17 years of age and younger. To obtain the necessary background check, the applicant must complete the attached Osceola County Probate Court Criminal History Check Release and submit with filing at the Probate Court window.

Probate Court staff will complete a background check through Michigan State Police – Internet Criminal History Access Tool (ICHAT). Following completion, the Court will review the results and may set a hearing before the court.

NAME CHANGE OF A MINOR

- For the name change of a minor, consent must be given 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 the filing of the petition.

ADDITIONAL DOCUMENTS THAT MUST BE PROVIDED AT FILING FOR NAME CHANGE OF A MINOR:

- Birth Certificate
- Current Custody Order (if applicable)

ADDITIONAL DOCUMENTS THAT MUST BE PROVIDED AT FILING FOR NAME CHANGE OF Adult:

- Valid Photo ID such as: Driver License, State ID, or Military ID, etc.

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.

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 been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

2. Each person for whom a name change is sought has been a resident of the county for at least one year.

3. 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.
 b. an adult only.
 c. a minor only.

4. The petition includes a request to change a minor's name. The minor's natural or adopted parents are _____ and _____
 Parent Deceased Parent Deceased
 As applicable, the guardian of the minor is _____ and/or the guardian of a mentally incompetent parent is _____. (Attach letters of guardianship.)
 Name Name

5. As to a minor, one or more of the following is the petitioner or consents to the name change: (Check all that apply.)
 the parents, jointly. the sole surviving parent. the only available parent if that parent has legal custody. the guardian of the minor. the guardian of a parent declared mentally incompetent.

6. The name change is for the following reason: _____

7. The name change is not sought for any fraudulent intent.

8. The petitioner has does not have a criminal record, including pending charges. Specify any record:
 (Add sheets if needed.) _____

9. a. The petitioner's spouse and/or minor child(ren) has/have no known criminal record, including pending charges.
 b. The known criminal record(s) of the petitioner's spouse and/or minor child(ren) is/are: (Add sheets if needed.) _____

Note: Skip item 10 if the noncustodial parent consents to the name change or if there is not a noncustodial parent.

10. The custodial parent of the/each minor consents to the name change of the minor(s).
- a. The noncustodial parent has had the ability to visit, contact, or communicate with the minor(s) 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 minor(s), 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 minor(s) or a sibling of the minor(s) 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.)

11. I request the following name change(s): (Type or print.)

	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:	

Note: If you want a new live birth certificate, check item 12. A special order is not needed if you only want to add the changed name(s) to the original certificate(s).

12. 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	Date
_____	_____
Signature	Signature
_____	_____
Name (type or print)	Name (type or print)
_____	_____
Address	Address
_____	_____
City, state, zip	Telephone no. 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	Attorney signature
_____	_____
Name (type or print)	Attorney name (type or print) Bar no.
_____	_____
Address	Address
_____	_____
City, state, zip	Telephone no. City, state, zip Telephone no.

CONSENT BY MINOR

If 14 years old or older, a minor must give written consent to their name change. (Form PC 51b may also be used.)

I am a minor and subject of the petition. I consent to the granting of this petition to change my name.

Date

Signature

Name (type or print)

CONSENT BY MINOR

I am a minor and subject of the petition. I consent to the granting of this petition to change my name.

Date

Signature

Name (type or print)

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Osceola

Court address

301 W. Upton Ave, Reed City, MI 49677

Court telephone no.

231-832-6124

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

The 18th PROBATE COURT & 49th CIRCUIT COURT - FAMILY DIVISION

Honorable Tyler Thompson
Probate and Family Court Judge

MECOSTA COUNTY
Mecosta County Courthouse
400 Elm Street
Big Rapids, MI 49307
Phone: (231) 592-0135
Fax: (231)-592-0191



OSCEOLA COUNTY
Osceola County Courthouse
301 West Upton
Reed City, MI 49677
Phone: (231) 832-6124
Fax: (231) 832-6181

IN THE MATTER OF: _____ FILE NUMBER: _____

OSCEOLA COUNTY PROBATE COURT CRIMINAL HISTORY CHECK RELEASE

I, the undersigned, having requested my appointment as a guardian/conservator or to have my name changed with Osceola County Probate Court, do hereby authorize the LEIN agent to conduct a criminal history file check by name and identifiers to determine the existence of any arrests resulting in a conviction. The information obtained by the court will be used in determining my suitability to serve as a guardian/conservator or to have my name changed.

NAME: _____

MAIDEN NAME/OTHER NAMES(S): _____

DRIVERS LICENSE/STATE ID NUMBER: _____

DATE OF BIRTH: _____

RACE: _____

SEX: _____

DATE: _____

SIGNATURE

NOTE: A COPY OF DRIVERS LICENSE/STATE ID MUST BE ATTACHED TO THIS RELEASE

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

Name (type or print)

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 of hearing **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)*. For publication of notice regarding the deadline for filing a motion to intervene, use form *PC 50d, Publication of Notice of Proceeding for Name Change*.

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:

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name 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.

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
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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.