

INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH RECORD

Child's Name at Birth	First	Middle	Last
Child's Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Child's Date of Birth	Month	Day	Year
Child's Place of Birth	City	County	
Name of Birthing Hospital (If Available)			
Biological Mother's 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