



FILING INSTRUCTIONS FOR NAME CHANGE

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225

Follow this checklist if you want to change your child's name or your name.

1. The person who wants the name change must live in Van Buren County for at least 1 year.
2. You will need a copy of the official birth certificate (not hospital record or hospital certificate).
3. Your filing fee is \$175.00. **This fee is not refundable. Please follow each step below.**
4. It will also cost money to get fingerprints, publish a notice of hearing in the newspaper, and change documents (such as driver's license) at the end of the process.
5. Fill out [Petition to Change Name PC 51](#).

If you want to change your child's name (under 18 years old)

1. The noncustodial parent can sign the Petition to Change Name with you.
2. The noncustodial parent can sign a [Waiver/Consent PC 561](#) (must be personally served).
3. If the noncustodial parent has not followed a child support order for 2 years or more, you need to get a copy of support payment history from the Friend of the Court.
4. Please see [Minor's Name Change Flowchart](#) VBC-4706.

If you are 22 years old or older, Michigan Law requires that you have 2 complete sets of fingerprints taken. The fingerprints will be used by the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI) to check criminal records. The MSP will send a report to this court if you have a criminal history. You will have to show the court why you want your name changed.

HOW TO GET FINGERPRINTS TAKEN

1. Michigan State Police – Paw Paw Post at 269-657-5551 (call first)
No fee
Bring a copy of the Petition for Name Change with you
Fingerprint cards provided

OR

2. Van Buren County Sheriff's Department at 269-657-2006 (call first)
\$20.00 fee
Bring a copy of the Petition for Name Change with you
Bring 2 fingerprint cards with you

AFTER YOU GET YOUR FINGERPRINTS TAKEN

Send to Michigan State Police, CJIC, PO Box 30266, Lansing, MI 48909-7766

1. 2 sets of fingerprints
2. Check or money order for \$43.25 (payable to State of Michigan)
3. Copy of Petition for Name Change

Next, the court will send you a form and instructions. If you do not receive this 8 weeks from today, or if you have any questions, contact the Probate Court at (269) 657-8225 or probate@vanburencountymi.gov.

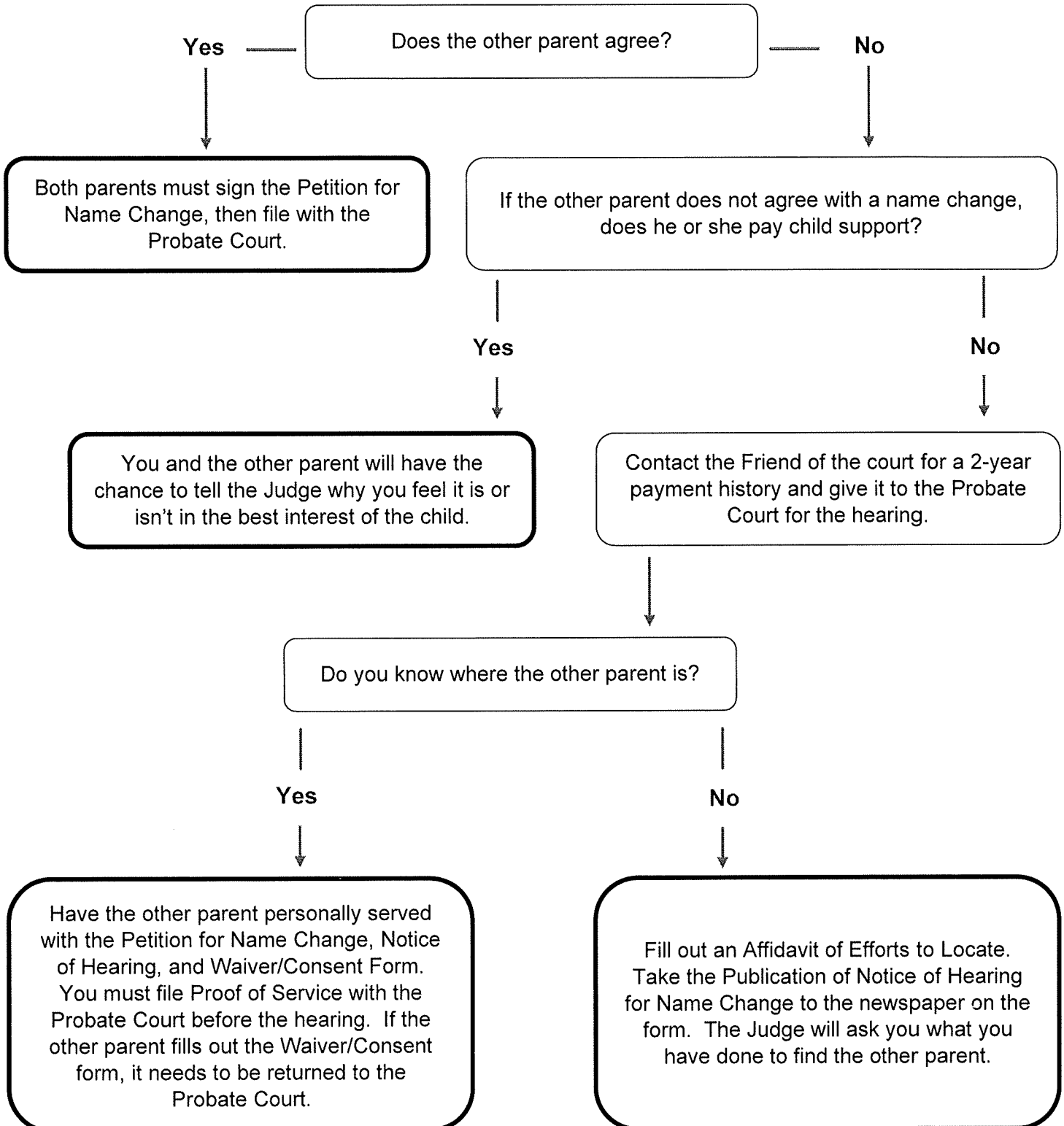
If you do not follow these steps, your hearing may be delayed, or your petition may be dismissed (filing fee is not refundable).



FLOW CHART FOR CHILD'S NAME CHANGE

Court Address
212 E. Paw Paw Street, Suite 220, Paw Paw, MI 49079

Court Telephone No.
(269) 657-8225



STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	CONTACT INFORMATION <input type="checkbox"/> AMENDED	CASE NO. and JUDGE
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Court address _____

Court telephone no. _____

This form is confidential and not to be served on other parties in this case. Any contact information below that has already been provided or is provided in the future in a public court filing or through the MiFILE system will not be made confidential by this document.

Please provide the following contact information:

1. Your name: _____
First, middle, and last name

2. a. Telephone number where the court can contact me: _____
 This telephone: can cannot receive text messages from the court.
 can cannot receive voice messages from the court.

b. I do not have a telephone number where the court can contact me.

3. a. E-mail address where I can receive e-mails: _____

b. I do not have an e-mail address where I can receive e-mails from the court.

PLEASE READ AND UNDERSTAND THE FOLLOWING:
 Upon signing this form, you are consenting to text, e-mail, and/or phone notifications on your court case. If the case is NON-PUBLIC, it is NOT ELIGIBLE for text or phone notifications.

By signing this form, I authorize the _____ court to notify me of upcoming events in this case.
Name of court

I understand, based on the options chosen above that I will receive text, e-mail, and/or voice notifications to the phone number or e-mail address listed on this form. I also understand that the _____ court is not responsible for any additional fees or charges due to my phone carrier data rates.
Name of court

In the event that my e-mail, or cell or land line phone number changes, I will notify the court to update their records, and if I fail to do so it will result in the termination of this service from the court.

Privacy Disclaimer: Your contact information is necessary to assist the court in providing important information in a timely manner. Your information will not be sold, distributed, or shared with any other entity. You can OPT-OUT of the system at any time. Simply reply OPTOUT to any received message.

 Date

 Signature

<p align="center">STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY</p>	<p align="center">PETITION TO CHANGE NAME</p>	<p>CASE NO. and JUDGE</p>
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Court address _____ **Court telephone no.** _____

Note: Every person 22 years of age or older who is requesting a name change must have a criminal background check. For details, go to michiganlegalhelp.org.

In the matter of _____
 Present 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/have been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

2. The name change is for

a. a married person who wishes to also include a name change for his/her spouse. minor child(ren), of whom the petitioner has legal custody. (For a minor 14 years or older, written consent is required. See form PC 51b.)

b. an adult.

c. a minor, whose natural or adopted parents are _____ Deceased
 and _____ Deceased
 Parent Parent Name

Both parents are deceased. The guardian is _____
 (Attach letters of guardianship.) Name

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

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

5. The following person(s) seeking a name change has/have a criminal record: _____

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

Note: Skip item 7 if the noncustodial parent consents to the name change or if there is not a noncustodial parent.

7. I have legal custody of the minor.
- a. The noncustodial parent has had the ability to visit, contact, or communicate with the child 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 child, 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 child or a sibling of the child 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.)
 - d. The last known address of the noncustodial parent is: _____
- _____
- The noncustodial parent is not living at the above address, and I have taken the following steps to locate him/her:

8. I request the following name change(s): (Type or print first name, middle name, and last name.)

FROM	TO	DATE OF BIRTH
Petitioner		Put DOB in Ref. No. row 10 on MC 97a.
Spouse		Put DOB in Ref. No. row 11 on MC 97a.
Minor child		Put DOB in Ref. No. row 12 on MC 97a.
Minor child		Put DOB in Ref. No. row 13 on MC 97a.
Minor child		Put DOB in Ref. No. row 14 on MC 97a.
Minor child		Put DOB in Ref. No. row 15 on MC 97a.
Minor child		Put DOB in Ref. No. row 16 on MC 97a.

If you want a new live birth certificate, check item 9. A special order is not needed if you only want to add the changed name(s) to the original certificate(s).

9. I request the court to order the State Registrar to create a new live birth certificate that does not disclose the name of _____ at birth and to seal the original certificate.
Name _____

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 signature

SIGNATURE OF PARENT/GUARDIAN FOR MINOR

Date

Signature

Name (type or print)

Address

City, state, zip

Telephone no.

Date

Signature

Name (type or print)

Address

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

Name (type or print)

Attorney signature

Attorney name (type or print)

Bar no.

Address

City, state, zip

Telephone no.

Address

City, state, zip

Telephone no.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	AFFIDAVIT OF EFFORTS TO LOCATE ABSENT PARENT	CASE NO. PETITION NO.
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Court address _____ Court telephone no. _____

1. In the matter of _____
(name(s), alias(es), DOB)

2. I have made the following efforts to locate and/or serve a summons on _____, the absent parent of the child listed above: Name
 - a. requested updated address information from the United States Post Office on _____ . Date
 - b. contacted directory assistance in _____ . City(ies) and area code(s)
 - c. interviewed the parent as to the whereabouts of the absent parent.
 - d. interviewed _____, known relative(s) or friend(s) of the absent parent. Name(s)
 - e. contacted _____ Friend of the Court and received the following information: County

 - f. submitted a request to the Office of Child Support (OCS) for a search. The status of the OCS search is:
 - pending; alternate service is being requested to assure timely notice.
 - completed; the search was unsuccessful.
 - g. checked the federal and state correctional system to determine whether the absent parent is imprisoned.
 - h. attempted to have the absent parent served at his/her last-known address. Last-known address is: _____
 - i. attempted to have the absent parent served at his/her last-known employer. Last-known employer is: _____
 - j. other attempts: _____ specify

3. The current address of the absent parent is unknown and cannot be determined after diligent efforts.

Affiant signature Address

Affiant name (type or print) Title City, state, zip Telephone no.

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Deputy clerk/Notary public

Notary public, State of Michigan, County of _____

Do not write below this line - For court use only

STATE OF MICHIGAN JUDICIAL CIRCUIT-FAMILY DIVISION COUNTY	MINOR'S CONSENT TO CHANGE NAME	FILE NO.
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In the matter of the name change of _____
Present first name, middle name, and last name (type or print)

1. I consent to change my name as stated in the petition filed on _____
Date

Date

Minor's signature

In my presence, the minor who is the subject of this petition signed this consent before me.

Date

Judge Bar no.

NOTE: A minor 14 years of age or older must sign a written consent in the presence of the judge before an order to change name can be entered for that minor. The written consent may be signed at the hearing on the petition to change name.

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	WAIVER/CONSENT	FILE NO.
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In the matter of _____

1. I am interested in the matter as _____ .

2. I waive notice of the hearing and consent to the application/petition for _____
Nature of application/petition and name of applicant/petitioner

_____, and I declare that I have received a copy of this application/petition.

3. I waive notice of the hearing concerning _____
Nature of hearing

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

NOTE: Do not use for waivers pursuant to MCL 700.3310.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only