

**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			
<b>PARENT(S) INFORMATION*</b>						
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		

\*  Check here if the parents should be listed as Parent and Parent rather than Mother and Father

\*\* If the childs date of birth is prior to 1989, the mothers current legal name will not appear on a certified copy of the birth record, and the parents ages will appear rather than their dates of birth.

<b>PARENT(S) INFORMATION</b>			
<b>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.</b>			
Name(s)			
Mailing Address			
City/State/Zip		County of Residence	
Daytime phone to contact you	Area Code & Number		
<b>PAYMENT</b> - 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. <b>Payment must be made by check or money order and made payable to the State of Michigan.</b> 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	\$	
<b>TOTAL ENCLOSED:</b>			
<b>SIGNATURE(S)</b>			
Personal data of adoptive parents and childs 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