



STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT COURT

ADOPTION DEPARTMENT
SUITE 3500
180 OTTAWA AVENUE NW
GRAND RAPIDS, MICHIGAN 49503-2751

When filing a Petition with the Court for a Delayed Registration of Foreign Birth please use the following checklist for items that must be completed.

Mail completed forms and checks to: **Adoption Department / Kent County Circuit Court / 180 Ottawa Ave NW Suite 3500 / Grand Rapids, MI 49503.**

- Petitioner(s) completes ONLY the upper section (PETITION portion) of the **enclosed Petition and Order for Delayed Registration of Foreign Birth**. The court will complete the ORDER portion. Be sure to sign, date and include address on the form.
- Data Entry Sheet** (helps court clerk with opening the file)
- Filing Fee:** Include a check or money order (**NO CASH**) in the amount of **\$175.00 – Made Payable to 17TH JUDICIAL CIRCUIT COURT** for each petition filed. (May write one check if more than one petition is filed)
- Original medical or psychological assessment/recommendation if requesting a change to child's date of birth. (Optional)
- Petitioner(s) complete the enclosed Application to Establish Delayed Registration of Foreign Birth and include your signatures. **Return form to Court for certification. Do NOT mail to Vital Records in Lansing.** The court will mail the form and your check after your motion is approved. This form is used to create the new birth record, so is your information not birthparents information.
- Include a check or money order (NO CASH) in the amount of \$50.00** payable to the **STATE OF MICHIGAN** for each FIRST Birth Certificate ordered. Additional copies are \$16.00 per copy.

Provide COPIES of the following:

(Please provide Copies only – we do not want to be responsible for your original orders!)

- A copy of the Foreign Adoption Orders.
- A copy of the translation of the Foreign Adoption Orders.
- A copy of the Foreign Birth Certificate.
- A copy of the translation of the Foreign Birth Certificate.
- A copy of the Affidavit of the translations. (If available)
- Please make sure you have enclosed **TWO SEPARATE CHECKS** as stated above. These checks are due at the time of filing. Please check off each item as they are completed and return this form along with your paperwork.

If you have any further questions, please contact Mary at 616-632-5107 or Holly at 616-632-5108.

12/2018

17th JUDICIAL CIRCUIT COURT, FAMILY DIVISION ADOPTION DATA ENTRY SHEET
THIS FORM MUST BE FILLED IN LEGIBLY, COMPLETELY AND ACCURATELY

ADOPTEE INFORMATION			
Birth Name or Current Legal	Last Name	First	Middle
Adopted (Name to be)	Last Name	First	Middle
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthplace (City, County and State)		Date of Birth
Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other or Bi-Racial (please specify)			
Adoptee's School District:			

ADOPTIVE PETITIONER/S INFORMATION						
Petitioner #1:	Last Name	First	Middle	DOB	SS#	Race
	Maiden/Original					
Petitioner #2 Parent or Custodial Parent	Last Name	First	Middle	DOB	SS#	Race
	Maiden/Original					
Email for adoptive family						
Address (No. and Street)			County		Marriage Date	
City		State	Zip	Phone		

ATTORNEY FOR PETITIONER/S IF APPLICABLE			
Attorney Name	First	Last	Bar No: P-

(PLEASE NOTE: NOTICE MUST BE SENT TO BIOLOGICAL PARENTS) – (NOT APPLICABLE FOR DELAYED REGISTRATION OF FOREIGN BIRTH)

BIRTH PARENT INFORMATION (NOT REQUIRED FOR DELAYED REGISTRATION OF FOREIGN BIRTH)						
Birth Mother	Last Name	First	Middle	DOB	Race	
	Maiden/Original					
Address (No. and Street)		City	State	Zip	Phone:	
					Email:	
Birth Father	Last Name	First	Middle	DOB	Race	
Address (No. and Street)		City	State	Zip	Phone:	
					Email:	
Will Non-Custodial Parent be willing to consent to this adoption? <input type="checkbox"/> YES or <input type="checkbox"/> NO						
Will an interpreter be Needed for any parties? <input type="checkbox"/> YES or <input type="checkbox"/> NO If yes, What language? _____						

<p align="center">STATE OF MICHIGAN PROBATE COURT Kent COUNTY</p>	<p align="center">PETITION AND ORDER FOR DELAYED REGISTRATION OF FOREIGN BIRTH</p>	<p>FILE NO.</p>
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In the matter of _____ Current full name of child _____ DOB: _____

PETITION

1. On _____ at _____ I adopted the child named above.
Date Location

A copy of the adoption order is attached.
 A copy of the child's birth certificate is attached.

- 2. The date and place of birth of the child cannot be determined.
- 3. The recorded date of birth of the child differs from the date of birth determined by a medical assessment of the child. A copy of the assessment is attached.

I REQUEST:

4. The court file with the Michigan Department of Health and Human Services the attached delayed registration of foreign birth established by court order and the new name of the child be recorded as _____.
New name of child

5. The court determine the date and place of birth of the child.

Date

/s/
Signature of petitioner

Name of petitioner (type or print)

Address

City, state, zip Telephone no.

Date

/s/
Signature of petitioner

Name of petitioner (type or print)

Address

City, state, zip Telephone no.

ORDER

IT IS ORDERED:

- 6. The petition is granted and the probate court shall cause the delayed registration of foreign birth established by court order to be filed with the Michigan Department of Health and Human Services.
- 7. The date of birth of the child is determined to be _____.
- 8. The place of birth of the child is determined to be _____.

Date Judge Bar no.

Do not write below this line - For court use only

**APPLICATION TO
ESTABLISH DELAYED REGISTRATION OF FOREIGN BIRTH**
Michigan Department of Health and Human Services

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

PARENT(S) INFORMATION		PLEASE PRINT CLEARLY AND LEGIBLY									
Parent(s) names and complete mailing address are needed to mail the new record. Please provide a phone number to contact you if there are questions regarding this request.											
Name(s):											
Mailing Address (Cannot send to General Delivery):											
City/State/Zip:											
Daytime phone to contact you:	Area Code & Number										

INFORMATION REQUIRED TO PREPARE THE ADOPTIVE BIRTH RECORD													
Childs Name		First		Middle		Last							
Gender	This Birth - Single, Twin, Triplet, etc. (Specify)	If Not Single - Born 1 st , 2 nd , 3 rd , etc. (Specify)		Date of Birth (Month, Day, Year)			Time of Birth						
<input type="checkbox"/> Male <input type="checkbox"/> Female													
Country of Birth													
Parent(s) 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		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Check here if the parents should be listed as Parent and Parent rather than Mother and Father													

SIGNATURE(S)	
<p>This form should be signed by the adoptive parent(s) with his/her current name(s). The adoptive parent(s) should verify information listed for the adoptive birth record.</p>	
<p>_____</p> <p>Signature of Person Adopting</p>	<p>_____</p> <p>Signature of Other Person Adopting (if applicable)</p>

COURT CERTIFICATION
<p>The Probate Court of _____ County, Michigan</p> <p>I hereby certify that this court has acknowledged the birth facts of the foreign born child, and the identified information about the adoptive parents dated _____.</p> <p style="margin-left: 40px;">Month Day Year</p>
<p>CASE NO. _____</p> <p>_____</p> <p style="margin-left: 100px;">Judge</p> <p>By _____</p> <p style="margin-left: 100px;">Probate Register</p>
<p>SEAL</p>

<p>OFFICE USE ONLY - DO NOT WRITE IN THIS AREA</p>	<p>PAYMENT - The fee for establishing a delayed registration of foreign birth 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. Normal processing time is 5-6 weeks. Payment must be made by check or money order payable to the State of Michigan. The new birth record will not be created until the recording fee has been paid.</p>						
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border: none;"> <p>Establish Delayed Registration of Foreign Birth (Non-Refundable) Fee includes one (1) certified copy of the new record</p> </td> <td style="width: 20%; border: none;"></td> </tr> <tr> <td style="border: none;"> <p>_____ Additional Certified Copies each</p> </td> <td style="border: none; text-align: center;"> <p>\$</p> </td> </tr> <tr> <td style="border: none;">TOTAL ENCLOSED:</td> <td style="border: none; text-align: center;"> <p>\$</p> </td> </tr> </table>	<p>Establish Delayed Registration of Foreign Birth (Non-Refundable) Fee includes one (1) certified copy of the new record</p>		<p>_____ Additional Certified Copies each</p>	<p>\$</p>	TOTAL ENCLOSED:	<p>\$</p>
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<p>_____ Additional Certified Copies each</p>	<p>\$</p>						
TOTAL ENCLOSED:	<p>\$</p>						

<p>PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined and/or imprisoned. MCL 333.2894(1)(b) and (c).</p>



STATE OF MICHIGAN
17TH JUDICIAL CIRCUIT COURT

ADOPTION DEPARTMENT
SUITE 3500
180 OTTAWA AVENUE NW
GRAND RAPIDS, MICHIGAN 49503-2751

TO: Adoptive Parents

FROM: 17th Circuit Court Adoption Department

RE: Social Security Numbers (SSN) for Adopted Children

We are providing this information to you as a courtesy regarding application for a Social Security Number (SSN) for your adopted child.

1. If the child has never had a Social Security Number, it will be considered a new request and an original (new) SSN will be issued.
2. If the adoptive parent is requesting an original (new) SSN in the child's adopted name then there is no requirement for the adoptive parent to provide proof of the biological name of the child. This is supported by the Michigan Adoption Code, MCL 710.59. However, the adoptive parent will need to provide proof that the child is at risk from biological family if an original (new) number is not issued. Please discuss this with your caseworker. The caseworker can contact the court for further information.
3. If the child's SSN number does not need to change (the adoptive parent only wants a name change on the SS card and to change parent information), then the adoptive parent must provide proof of the biological name and adoptive name. The court or the adoption agency can assist with that documentation, but only if the biological name is already known to the adoptive parents. If the biological name is not known, please discuss this with your caseworker. The caseworker can contact the court for further assistance.
4. All children age 12 and older must be seen by the Social Security staff when applying for any change to the Social Security record.

In the following situations, an original (new) Social Security Number **will not** be issued for an adopted child. (This information and wording is taken directly from Social Security Administration policy. Italicized portion was added for additional clarification):

1. The child is receiving Title II (SSA) or Title XVI (SSI) benefits.
2. The child knows the previously assigned SSN and/or the child knows that he/she was adopted. *(Since most children do know, or will know they are adopted, this appears to apply to children that are adopted at an older age. At this writing the age is not clear, but might apply to children 5 years old and older).*
3. The adoptee is an adult.
4. The adopting parent is a stepparent or grandparent.
5. The child has worked under the previous SSN.

Reminder: Your child's adoption will need to be confirmed (finalized), and you will need to receive your child's revised birth certificate, before you apply for any changes at the Social Security Administration Office.