

**STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
RECORD OF ADOPTION**

PART A INFORMATION NEEDED TO PREPARE NEW BIRTH CERTIFICATE IN ADOPTIVE STATUS

1. CHILD - NAME (FIRST) AFTER ADOPTION		(MIDDLE)	(LAST)	
2. SEX	3a. THIS BIRTH - SINGLE, TWIN, ETC.	3b. IF NOT SINGLE, BORN 1 ST , 2 ND , etc.	4a. DATE OF BIRTH	4b. TIME OF BIRTH
5a. CITY, VILLAGE, OR TOWNSHIP OF BIRTH		5b. COUNTY OF BIRTH		5c. STATE OF BIRTH
6a. MOTHER - PRESENT NAME (First, Middle, Last)		6b. SOCIAL SECURITY NO.	6c. DATE OF BIRTH	6d. STATE OF BIRTH NAME OF COUNTRY IF NOT USA
6e. RESIDENCE (Check one box and specify)		AT TIME OF THIS BIRTH	COUNTY AT TIME OF BIRTH	STATE AT TIME OF BIRTH
<input type="checkbox"/> INSIDE CITY OR VILLAGE OF				
<input type="checkbox"/> TWP. OF				
6h. STREET AND NO. AT TIME OF BIRTH			6i. MOTHER'S SURNAME BEFORE FIRST MARRIAGE	
7a. FATHER - NAME (First, Middle, Last)		7b. SOCIAL SECURITY NUMBER	7c. DATE OF BIRTH	7d. STATE OF BIRTH NAME OF COUNTRY IF NOT USA

PERSONAL DATA OF ADOPTIVE PARENTS AND CHILD'S NAME AFTER ADOPTION SHOULD BE REVIEWED, SIGNED (CURRENT NAMES AND VERIFIED, IF POSSIBLE, BY THEM BEFORE PART B IS COMPLETED).

MOTHER'S SIGNATURE _____ FATHER'S SIGNATURE _____ HAS IT BEEN REQUESTED THAT A
NEW CERTIFICATE NOT BE CREATED? _____ Yes or no

PART B INFORMATION NEEDED TO IDENTIFY ORIGINAL BIRTH CERTIFICATE

Child's name at birth _____ Birth Certificate number (if known) _____

Maiden name of natural mother _____

PART C COURT CERTIFICATION

Family Court _____ County, Michigan

I hereby certify that the child named above was adopted on _____

By the persons listed under items 6 and 7 above, as set forth in the final decree of adoption. Case no. _____

Judge
SEAL
By: _____
Probate Register or Clerk of the Court

By authority of Act 368 Public Acts 1978
Failure to provide the required information is a misdemeanor punishable by imprisonment of not more than 1 year or a fine of not more than \$1,000.00 or both.
Please provide mailing address of adoptive parents in order that we may forward them a copy of the new birth certificate.

_____ (see reverse side for additional information required for those children born in other states)

MOTHER

Race of adoptive mother _____ Education _____

Occupation _____

Kind of business or industry _____

Children born previously to this mother _____ Born alive, now dead _____ Born dead _____

FATHER

Race of adoptive father _____ Education _____

Occupation _____

Kind of business or industry _____

Do parents wish to have a new birth certificate issued: _____

Is this a step-parent adoption: _____ If so, stepfather stepmother

Signature of adopting parents _____
(mother)

(father)

(See chart listing requirements of individuals states)

ADOPTION UNIT
OFFICE OF THE STATE REGISTRAR
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
3423 NORTH LOGAN STREET
P.O. BOX 30195
LANSING, MICHIGAN 48909