

County
Docket Number
Date Order Filed in Court
Court

## NOTICE OF ORDER OF FILIATION

Michigan Department of Health and Human Services  
Division for Vital Records and Health Statistics

\_\_\_\_\_  
State File Number

Name of Child at Birth (First)		(Middle)		(Last)	
Date of Birth (Month, Day, Year)		Place of Birth (City, Village, Township)		(County)	(State)
Name of Mother (First, Middle, Last)					
Mother's Name Before First Married		Social Security Number	Date of Birth	State of Birth	

**The court has determined that the father of this child is:**

Name of Father (First, Middle, Last)		Social Security Number	Date of Birth	State of Birth
Street Address		City	State	Zip Code

**The mother of this child has determined that the child shall be named (please designate full name of the child):**

First	Middle		Last
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Mail completed form to

Vital Records Changes  
PO Box 30721  
Lansing MI 48909

\_\_\_\_\_  
Clerk of the Court

\_\_\_\_\_  
Date