

DELAYED REGISTRATION OF FOREIGN BIRTH

Enclosed for your use are the following:

1. **Motion and Order for Delayed Registration of Foreign Birth (Form PCA 350)**

Fill out this motion and file it with the Ottawa County Probate Court (see address below) the fee to file this motion is \$150.00 payable to the Ottawa County Probate Court. You **MUST** include a copy of the adoption order and the child's birth certificate, please be sure it is translated into the English language.

2. **Application to Establish Delayed Registration of Foreign Birth**

Print in ink or type the first page of this form and sign the second page under the 'Signature(s)' section. All blanks on the first page **must** be filled in completely. **List the child's name on the form as you would like it to appear on the birth certificate.** Note: The State will not accept this form with white out or corrections of any type. We are enclosing two copies of the form in case you make a mistake. We suggest using one form for a work copy then complete the second in ink or type.

The Court will mail the original Application to Vital Records changes with a copy going to U.S. Immigration & Naturalization Services. Your receipt, along with one copy of the Motion and Order and two copies of the Application will be returned to you.

You must mail one copy of the Application to Establish Delayed Registration of Foreign Birth, after the Court endorses it, to Vital Records Changes along with a check payable to the State of Michigan for their fee in order to receive the birth certificate. Page 2 of the Application also contains the State fees.

**COURT STAFF IS PROHIBITED BY LAW FROM GIVING LEGAL
ADVICE, IF YOU HAVE ANY LEGAL QUESTIONS DURING THIS
PROCESS PLEASE CONTACT AN ATTORNEY**

Ottawa County Probate Court
12120 Fillmore Street
West Olive MI 49460

Hours: Mon-Fri 8:00 AM- 5:00 PM
Phone: 616-786-4110
Website: www.miottawa.org

**APPLICATION TO
ESTABLISH DELAYED REGISTRATION OF FOREIGN BIRTH**

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) 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 this request.											
Name(s):											
Mailing Address:											
City / State / Zip:											
Daytime phone to contact you:	Area Code & Number										

INFORMATION REQUIRED TO PREPARE THE ADOPTIVE BIRTH RECORD				
Child's Name	First	Middle	Last	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	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
Country of Birth				
Mother's Name (First, Middle, Last)		Mother's State of Birth (or Country, if not U.S.)		Mother's Date of Birth (Month, Day, Year)
Mother's Surname Before First Marriage		Mother's Residence	Mother's County of Residence	Mother's State of Residence
Mother's Social Security Number				
Father's Name (First, Middle, Last)		Father's State of Birth (or Country, if not U.S.)		Father's Date of Birth (Month, Day, Year)
Father's Social Security Number				

SIGNATURE(S)	
<p>This form should be signed by the adoptive parents with their current names. The adoptive parents should verify information listed for the adoptive birth record.</p> <p>_____</p>	
<p>K Signature of Person Adopting</p>	<p>K Signature of Husband or Wife (if married)</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="text-align: center; margin-left: 100px;"> _____ Month Day Year </p> <p style="text-align: right; margin-right: 100px;">CASE NO. _____</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;">Judge</p> <p style="text-align: right; margin-right: 100px;">By _____</p> <p style="text-align: right; margin-right: 100px;">Probate Register</p> <p style="text-align: left; margin-left: 100px;">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 \$40.00 and includes one copy of the new record. Additional copies of the new record are available for \$12.00 each when ordered at the same time. Payment must be made by check or money order and made payable to the “State of Michigan.” The new birth record will not be created until the recording fee has been paid.</p>

<p>PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined not more than \$1,000 and/or imprisoned not more than one (1) year. MCL 333.2894(1)(b) and (c).</p>
--

Establish Delayed Registration of Foreign Birth (Non-refundable) Fee includes one (1) certified copy of the Record	\$ 40.00	\$ 40.00
_____ Additional Certified Copies	\$ 12.00 Each	\$
TOTAL ENCLOSED:		\$

**APPLICATION TO
ESTABLISH DELAYED REGISTRATION OF FOREIGN BIRTH**

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) 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 this request.												
Name(s):												
Mailing Address:												
City / State / Zip:												
Daytime phone to contact you:			Area Code & Number									

INFORMATION REQUIRED TO PREPARE THE ADOPTIVE BIRTH RECORD				
Child's Name	First	Middle	Last	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	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
Country of Birth				
Mother's Name (First, Middle, Last)		Mother's State of Birth (or Country, if not U.S.)		Mother's Date of Birth (Month, Day, Year)
Mother's Surname Before First Marriage		Mother's Residence	Mother's County of Residence	Mother's State of Residence
Mother's Social Security Number				
Father's Name (First, Middle, Last)		Father's State of Birth (or Country, if not U.S.)		Father's Date of Birth (Month, Day, Year)
Father's Social Security Number				

SIGNATURE(S)	
<p>This form should be signed by the adoptive parents with their current names. The adoptive parents should verify information listed for the adoptive birth record.</p> <p>_____</p>	
<p>K Signature of Person Adopting</p>	<p>K Signature of Husband or Wife (if married)</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="text-align: center; margin-left: 100px;"> _____ Month Day Year </p> <p style="text-align: right; margin-right: 100px;"> CASE NO. _____ _____ Judge </p> <p style="text-align: right; margin-right: 100px;"> By _____ Probate Register </p> <p style="text-align: left; margin-left: 50px;">SEAL</p>	

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA
--

<p>PAYMENT – The fee for establishing a delayed registration of foreign birth is \$40.00 and includes one copy of the new record. Additional copies of the new record are available for \$12.00 each when ordered at the same time. Payment must be made by check or money order and made payable to the “State of Michigan.” The new birth record will not be created until the recording fee has been paid.</p>

<p>PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined not more than \$1,000 and/or imprisoned not more than one (1) year. MCL 333.2894(1)(b) and (c).</p>
--

Establish Delayed Registration of Foreign Birth (Non-refundable) Fee includes one (1) certified copy of the Record	\$ 40.00	\$ 40.00
_____ Additional Certified Copies	\$ 12.00 Each	\$
TOTAL ENCLOSED:		\$