

Filing Fee	\$187.00
Certified Letter Fee	\$12.00
Fingerprinting	\$43.25
Fee to Publish in County Paper	\$_____

Name Change 22 Years and over

Forms included in this packet:

1. Petition to Change Name (PC 51)
2. Publication of Notice of Hearing (Change of Name) (PC 563)
3. Order Following Hearing on Petition to Change Name (PC 52)



CHANGE OF NAME INSTRUCTIONS AGE 22 YEARS AND OVER

Self Help Legal Resource Center

811 Port Street, St. Joseph, MI 49085 • 269.983.7111 Ext. 8793
1205 N. Front Street, Niles, MI 49120 • 269.684.5274 Ext. 6202

1. There is a \$187.00 filing fee for this process.
2. There is an additional \$12.00 fee for certified letters and \$43.25 for fingerprinting.
3. You must have been a Berrien County resident for at least one year prior to filing.
4. Forms must be typed or printed legibly in black ink.
5. You will be required to publish in a county paper. There will be a fee.

THINGS YOU SHOULD KNOW BEFORE YOU BEGIN

1. **You do NOT need to file a petition for name change if:**
 - a. You just want to use a different combination of your current name such as, “J. Michael Smith” to “Michael J Smith”, or “John M. Smith”, etc. (unless you are intending to use the change on legal documents).
 - b. To correct a MISTAKE on the original birth certificate (check with the Department of Public Health, Office of the State Registrar for the proper procedure).
2. **Every person 22 years of age or older whose name appears on the “Petition for Name Change” must follow these instructions before the court can act on the petition.**
3. Under Michigan law, every person 22 years of age or older who is requesting a name change must have a complete set of fingerprints taken at a local police agency. Those fingerprints will be used by the Michigan State Police and Federal Bureau of Investigation to check criminal records. The Michigan State Police will send a report to the court regarding any criminal records. If you have a criminal record, it will be presumed that you are seeking a name change with fraudulent intent. You must prove to the Court that the name change is not being sought with fraudulent intent.

INSTRUCTIONS

1. Complete the Petition for Name Change (PC 51), ensure that all blanks are completed and that both sides of the Petition are filled out, signed, and dated.
2. Make a copy of the completed Petition.
3. Take the copy of the completed Petition to your local police agency. They will supply the fingerprint card and will take your fingerprints. There is a fee for this service.
4. After you have had your fingerprints taken, assemble the following items:
 - a. The copy of the Petition for Name Change.
 - b. The completed fingerprint card.
 - c. The appropriate fee (payable to the State of Michigan). **Mail or deliver to:**
Michigan State Police
Criminal Justice Information Center
P O Box 30634
Lansing, MI 48913

5. The Michigan State Police will review their criminal records and will forward the fingerprints to the Federal Bureau of Investigation. Once the Federal Bureau of Investigation has reviewed their records and reported the information to the Michigan State Police, the Michigan State Police will send a report to the court.
6. After the court receives the required report from the Michigan State Police, the court will contact you to schedule a hearing on your Petition for Name Change. **If you have not heard from this court eight weeks from the date you mailed out your information to the State Police, please contact this court at 269-983-7111, extension 8365.**
7. When you are contacted by the court to set a hearing date you should:
 - a. Complete the Order Following Hearing on Petition to Change Name (PC 52), items 1 through 14. Please ensure all information is complete and correct.
 - b. Complete the Publication of Notice of Hearing (PC 563) and ensure you take it to the newspaper that publishes in Berrien County. **You cannot publish in Trade Lines or MailMax, or any trade lines papers.** You will need to ensure that you get the form to the newspaper in time for the information to be **published 14 days or more BEFORE** your court date.
 - c. Bring or mail the completed "Order Following Hearing on Petition to Change Name" to the court along with a completed copy of "Affidavit of Publication and Notice of Hearing".

Following the hearing, if the petition is granted, the Judge will sign the order. A copy of the order will be mailed to you or your attorney. A copy of the Application to Change a Michigan Birth Record (if you have checked the box for item #9 on the back page of the petition) will be mailed to the petitioner or the petitioner's attorney.

If the court enters an order to change name of an individual who has a criminal record, the court will forward a copy of the order to the Michigan State Police and other agencies as required by law (MCL.711.1).

- ♦ At the time of the hearing, the petitioner is required to appear at the court to present testimony.
- ♦ There is a charge for any additional copies.



CRIMINAL HISTORY BACKGROUND CHECK FOR LEGAL NAME CHANGE

Self Help Legal Resource Center

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1205 N. Front Street, Niles, MI 49120 • 269.684.5274 Ext. 6202

1. Make a formal application with the court for a legal Name Change.
2. Set up an appointment with your local Michigan law enforcement agency to be fingerprinted on a Michigan Applicant fingerprint card (RI-008), or FBI fingerprint card. **We only need one fingerprint card per person.**
3. Complete the information on both sides of the card if two-sided. Fingerprint Reason should be: NAME CHANGE. Include your phone number and email address on the card or a note.

Mail the following (no walk-in traffic is allowed) to the address below:

- The Fingerprint Card – **DO NOT FOLD**
- A copy of the Petition to Change Name with the court file number on it.
- A check or money order payable to the **STATE OF MICHIGAN** FOR **\$43.25 (PER PERSON)**

**MICHIGAN STATE POLICE
CJIC
P.O. Box 30266
Lansing, MI 48909**

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION TO CHANGE NAME	FILE NO.
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Note: Every person 22 years of age or older who is requesting a name change must have a criminal background check. For details, go to michiganlegalhelp.org.

In the matter of the name change of _____
Present first name(s), middle name(s), and last name(s) (type or print)

1. An action within the jurisdiction of the family division of circuit court involving the family or family members of person(s) named above has/have been previously filed in _____ Court, Case Number _____, was assigned to Judge _____, and remains is no longer pending.

2. The name change is for

a. a married person who wishes to also include a name change for his/her spouse. minor child(ren), of whom the petitioner has legal custody. (For a minor 14 years or older, written consent is required. See form PC 51b.)

b. an adult.

c. a minor, whose natural or adopted parents are _____ Deceased
Parent

and _____ Deceased
Parent

Both parents are deceased. The guardian is _____ . (Attach letters of guardianship.)
Name

3. The name change is for the following reason: _____

4. The name change is not sought for any fraudulent intent.

5. The following person(s) seeking a name change has/have a criminal record: _____

6. Each person for whom a name change is sought has been a resident of the county for at least one year.

Note: Skip item 7 if the noncustodial parent consents to the name change or if there is not a noncustodial parent.

7. I have legal custody of the minor.

a. The noncustodial parent has had the ability to visit, contact, or communicate with the child and has regularly and substantially failed or neglected to do so for a period of two years or more before the filing of this petition and either:

a support order has been entered, and the noncustodial parent has failed to substantially comply with the order for a period of two years or more before the filing of this petition; or

a support order has not been entered and the noncustodial parent, having the ability to support or assist in supporting the child, has failed or neglected to provide regular and substantial support for two years or more before the filing of this petition.

b. The noncustodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, 750.520c, 750.520d, or 750.520e), or assault with intent to commit criminal sexual conduct (MCL 750.520g) and the child or a sibling of the child was the victim. (Attach judgment of sentence.)

c. The last known address of the noncustodial parent is: _____

The noncustodial parent is not living at the above address, and I have taken the following steps to locate him/her: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

8. I request the following name change(s): (Type or print first name, middle name, and last name.)

FROM	TO	DATE OF BIRTH
Petitioner		month, day, year
Spouse		month, day, year
Minor child		month, day, year
Minor child		month, day, year
Minor child		month, day, year
Minor child		month, day, year

If you want a new live birth certificate, check item 9. A special order is not needed if you only want to add the changed name(s) to the original certificate(s).

9. I request the court to order the State Registrar to create a new live birth certificate that does not disclose the name of _____ at birth and to seal the original certificate.
Name _____

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date
/s/
Petitioner signature

Address

Name (type or print)

City, state, zip Telephone no.

SIGNATURE OF PARENT/GUARDIAN FOR MINOR

Date
/s/
Signature

Date
/s/
Signature

Name (type or print)

Name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip Telephone no.

CONSENT BY SPOUSE OF PETITIONER If the petition is filed for a spouse, this consent must be signed by the spouse of the petitioner.

I am the spouse of the petitioner and consent to the granting of this petition to change my name.

Date
/s/
Signature

Address

Name (type or print)

City, state, zip Telephone no.

/s/
Attorney signature

Address

Attorney name (type or print) Bar no.

City, state, zip Telephone no.



AREA NEWS MEDIA – NEWSPAPER

Self Help Legal Resource Center

811 Port Street, St. Joseph, MI 49085 • 269.983.7111 Ext. 8793
1205 N. Front Street, Niles, MI 49120 • 269.684.5274 Ext. 6202

Berrien County Record	269.695.3878
324 E. Dewey St., Buchanan, MI 49107	
Fax	269.695.3880
Website.....	www.bernews@bernews.net
Harbor Country News	269.469.1410
122 N. Whittaker St., New Buffalo, MI 49117	
Fax	269.469.3029
Email.....	www.harborcountynews@yahoo.com or news@hargborcounty.news.com
Herald Palladium	269.429.2400
3450 Hollywood Rd., St. Joseph, MI 49085	
Toll Free in Michigan only	1.800.356.4252
News Desk Fax.....	269.429.4398
Website.....	www.HeraldPalladium.com
Journal Era	269.473.5421
P.O. Box 98, Berrien Sprints, MI 49103	
Fax	269.471.1362
Email.....	thejournalera@yahoo.com
New Buffalo Times	269.469.1100
140 N. Whittaker, New Buffalo, MI 49117	
Fax	269.469.6397
Email.....	newbuffalotimes@i2k.net
South Bend Tribune	
Niles Bureau, 2232 S. 11 th St.	269.683.2269
Fax.....	269.684.6115
Wedbsite	www.southbendtribune.com
South Bend Bureau, 225 W Colfax Ave.....	574.235.6161
Email.....	webmaster@sbtrinfo.com
Tri-City Record	269.463.6397
138 N. Main St., Watervliet, MI 49098	
Fax	269.463.8329
Website.....	www.tricityrecord.com

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PUBLICATION OF NOTICE OF HEARING FOR NAME CHANGE	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____
First and last name of child(ren)

TO ALL PERSONS, including: (specify non-custodial parent's name here, if applicable)

whose address is unknown and whose interest in the matter may be barred or affected by the following:

TAKE NOTICE: A hearing will be held on _____
Date and time

at _____
Location

before Judge _____ to change the name of:

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

_____ to _____
Current name Proposed name

PUBLISH ABOVE INFORMATION ONLY

Publish _____ time(s) in _____ in _____ County.
Name of publication

Furnish _____ copies to _____ .

Furnish affidavit of publication to the court. Petitioner shall file affidavit of publication with the court clerk.

Forward statement for publication charges to _____ .

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PROOF OF SERVICE	FILE NO.
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In the matter of _____

1. Titles of the papers served or mailed: _____

2. According to court rule, I served by first-class mail registered mail (copy of return receipt attached)
 certified mail (copy of return receipt attached) the papers described above on:

Name	Complete address of service	Date

3. According to court rule, I served by **personal service** the papers described above on:

Name	Complete address of service	Date and Time

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Service fee	Miles traveled	Fee	
\$		\$	
Incorrect address fee	Miles traveled	Fee	TOTAL FEE
\$		\$	\$

Date

Signature

Name (type or print)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOLLOWING HEARING ON PETITION TO CHANGE NAME	FILE NO.
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In the matter of the name change of _____
Present first name(s), middle name(s), and last name(s) (type or print)

1. Date of Hearing: _____ Judge: _____
Bar no.

THE COURT FINDS:

- 2. A petition for name change has been filed.
- 3. Notice of hearing was given by publication.
- 4. Each person for whom a name change is sought has been a resident of the county for at least one year.
- 5. The court has received the required criminal record report(s) from the Michigan Department of State Police.
- 6. _____ has a criminal record.
Name (type or print)
- 7. The request for the name change of _____
Name (type or print)
 - is is not made with fraudulent intent.
- 8. The petitioner, having legal custody, requests the name change of a minor. The noncustodial parent has consented to the name change.
- 9. The petitioner requests the name change of a minor. The custodial parent has consented to the name change. The noncustodial parent was given notice of the hearing.
 - a. The noncustodial parent has had the ability to visit, contact, or communicate with the minor but has regularly and substantially failed or neglected to do so for the past two years, **and**
 - a support order has been entered, and the noncustodial parent has failed to substantially comply with the order for a period of two years or more before the filing of the petition for name change. **or**
 - a support order has not been entered and the noncustodial parent, having the ability to support or assist supporting the child, has failed or neglected to provide regular and substantial support for two years or more before the filing of the petition for name change.
 - b. The noncustodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, 750.520c, 750.520d, or 750.520e), or assault with intent to commit criminal sexual conduct (MCL 750.520g), and the child or a sibling of the child was the victim.
- 10. The minor(s) 14 years of age or older signed a written consent to change name in the presence of the court.
- 11. The minor(s) under the age of 14 has/have stated a preference to a name change.
- 12. The minor(s) is/are not of sufficient age to express a preference to a name change.

(SEE SECOND PAGE)

Do not write below this line - For court use only

13. The name(s) of the following person(s) is/are changed.

FROM	TO	DATE OF BIRTH
Petitioner		month, day, year
Spouse		month, day, year
Minor child		month, day, year
Minor child		month, day, year
Minor child		month, day, year
Minor child		month, day, year

14. The State Registrar shall create a new live birth certificate for _____
Name
 that does not disclose the name at birth and shall seal the original certificate.

15. The request to change the name of _____ is denied.
Name

16. The request is denied and the petition is dismissed.

 Date

 Judge

 Attorney Name (type or print) Bar no.

 Address

 City, state, zip Telephone no.

Note to Petitioner: You must provide this order to the State Registrar if you want to change your birth certificate.

Note to Clerk: Under MCL 711.1(3), if the court enters an order to change the name of a person who has a criminal record, the court shall forward the order to the Criminal Justice Information Center of the Michigan State Police and to one or more of the following:

- The Department of Corrections if the person named in the order is in prison or on parole or has been imprisoned or released from parole in the immediately preceding two years.
- The sheriff of the county in which the person named in the order was last convicted if the person was incarcerated in a county jail or released from a county jail within the immediately preceding two years.
- The court that has jurisdiction over the person named in the order if the person named in the order is under the jurisdiction of the family division of the circuit court.



STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE
LANSING

GRETCHEN WHITMER
GOVERNOR

COL. JOSEPH M. GASPER
DIRECTOR

MICHIGAN STATE POLICE
CRIMINAL HISTORY BACKGROUND CHECK FOR LEGAL NAME CHANGE

Effective: January 2019

1. Make a formal application with the court for a legal name Change.
2. Set up an appointment with your local Michigan law enforcement agency to be fingerprinted on a Michigan Applicant fingerprint card (RI-008), or FBI fingerprint card. **We only need one fingerprint card per person.**
3. Complete the information on both sides of the card if two-sided. Fingerprint Reason should be: NAME CHANGE. Include your phone number and email address on the card or a note.

Mail the following (No walk-in traffic is allowed) to the address below:

- The Fingerprint Card – **DO NOT FOLD**
- A copy of the Petition to Change Name with court file Number on it
- A check or money order payable to the **STATE OF MICHIGAN** for **\$43.25 (per person)**

**MICHIGAN STATE POLICE
CJIC
P.O. Box 30266
Lansing, MI 48909**

Further questions:
Phone 517-241-0606
FAX 517-241-0866
E-Mail: msp-crd-applhelp@michigan.gov



STATE OF MICHIGAN
DEPARTMENT OF STATE POLICE
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