

# NAME CHANGE PROCEDURES

PLEASE NOTE THAT THE COURT IS NOT ALLOWED TO GIVE LEGAL ADVICE OR HELP YOU FILL OUT THESE FORMS. IF YOU NEED ASSISTANCE, PLEASE CONSULT AN ATTORNEY.

## PREREQUISITE:

Applicant must have been a resident of the county in which the petition for name change is filed for a minimum of 12 months immediately preceding the filing of the petition.

## NAME CHANGE FEES

<i>Description of Fee</i>	<i>Fees Paid To</i>	<i>Fee</i>
Court Filing Fee	Osceola County Probate Court	\$175.00
Paper Publication	The Harold Review or Marion Press	\$78.25 \$69.00
Certified Order of Name Change	Osceola County Probate Court	\$12.00
Finger Printing - for Adults 22+	Osceola County Sheriff Dept.	\$10.00
Criminal History Check - for Adults 22+	Michigan State Police	\$43.25

## FORMS INCLUDED IN THIS PACKET

- Petition to Change Name PC 51
- Addendum to Protected Personal Identifying Information (MC 97a)
- MSP Instructions for Criminal History Background Check for Legal Name Change(1-2019)
- Publication of Notice of Hearing for Name Change PC 50
- Minor's Consent to Change Name PC 51b

LINK TO FORMS <https://courts.michigan.gov/Administration/SCAO/Forms/Pages/Name-Change.aspx>

## BACKGROUND CHECK

A background check is preformed to determine if the name change is sought with fraudulent intent. A background check is not preformed on applicants 21 years of age and younger.

The applicant's background check must go through the State of Michigan and the Federal Bureau of Investigation. It takes approximately 3-4 weeks for the background check to be completed. Results are sent directly to the Court. Fingerprint card MUST be signed and the *Petition to Change Name*, both pages, must accompany the card.

## **PUBLICATION**

The applicant must publish the notice of hearing once in an Osceola County publication, *The Herald Review* **OR** *Marion Press*, at least two weeks prior to the hearing date. The applicant must pay the newspaper for this publication in order for the notice to be published. It is the applicant's responsibility to ensure that the court receives an Affidavit of Publication prior to the hearing.

## **NAME CHANGE OF A MINOR**

- For the name change of a minor, consent must be give by the non-custodial parent.

### **OR**

- Provide proof that the non-custodial parent has been convicted of child abuse (MCL 750.136b), criminal sexual conduct (MCL 750.520b, c, d, or e), or assault with intent to commit criminal sexual conduct (MCL 750.520g) and the child or a sibling of the child was the victim.

### **OR**

- Must show the non-custodial parent has had the ability to visit, contact, or communicate with the child and has not regularly and substantially failed or neglected to do so for a period of two years or more before the filing of the petition.

- **AND EITHER**

- A support order has been entered, and the non-custodial parent has failed to substantially comply with the order for a period of two years or more before the filing of the petition.

### **OR**

- An order of support has not been entered and the non-custodial 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 filing of the petition.



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](mailto:msp-crd-applhelp@michigan.gov)

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION OSCEOLA COUNTY	<b>PETITION TO CHANGE NAME</b>	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson P70870
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**Court address** Courthouse Annex, 410 W Upton Ave, Reed City MI 49677 **Court telephone no.** 231-832-6124

**Note:** This petition must be accompanied by a notice of hearing prepared for publication under MCR 3.613 (see PC 50). 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 \_\_\_\_\_  
Present first, middle, and last name(s) (type or print)

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

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 \_\_\_\_\_ Parent  Deceased and \_\_\_\_\_ Parent  Deceased.  
 Both parents are deceased. The guardian is \_\_\_\_\_ Name (Attach letters of guardianship.)

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 noncustodial parent has been convicted of first degree murder (MCL 750.316) or second degree murder (MCL 750.317). (Attach judgment of sentence.)
  - d. 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:
- \_\_\_\_\_

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

FROM	TO	DATE OF BIRTH
Petitioner		Put DOB in Ref. No. row 10 on MC 97a.
Spouse		Put DOB in Ref. No. row 11 on MC 97a.
Minor child		Put DOB in Ref. No. row 12 on MC 97a.
Minor child		Put DOB in Ref. No. row 13 on MC 97a.
Minor child		Put DOB in Ref. No. row 14 on MC 97a.
Minor child		Put DOB in Ref. No. row 15 on MC 97a.
Minor child		Put DOB in Ref. No. row 16 on MC 97a.

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

\_\_\_\_\_ Date

\_\_\_\_\_ Petitioner signature

**SIGNATURE OF PARENT/GUARDIAN FOR MINOR**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>  Osceola	<b>ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION</b>	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson P70870
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Court address Court telephone no.  
 Courthouse Annex, 410 W Upton Ave, Reed City MI 49677 231-832-6124

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a NOT a defendant, respondent, or decedent. If the person is a defendant, respondent, or decedent use form MC 97.

**Instructions:**

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97a is being filed with: \_\_\_\_\_

\_\_\_\_\_  
 Printed name of individual completing form and date

Ref. No.	Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required. For Other, specify the type of PII in addition to the PII itself - for example, Social Security No. XXXX. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. XX" in place of the DOB in the public document.		
10	Name	DOB	Other
11	Name	DOB	Other
12	Name	DOB	Other
13	Name	DOB	Other
14	Name	DOB	Other
15	Name	DOB	Other
16	Name	DOB	Other
17	Name	DOB	Other
18	Name	DOB	Other

<b>STATE OF MICHIGAN</b> 49 JUDICIAL CIRCUIT - FAMILY DIVISION OSCEOLA COUNTY	<b>PUBLICATION OF NOTICE OF HEARING FOR NAME CHANGE</b>	<b>CASE NO. and JUDGE</b>  Hon. Tyler Thompson P70870
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**Court address** Courthouse Annex, 410 W Upton Ave, Reed City MI 49677 **Court telephone no.** 231-832-6124

In the matter of \_\_\_\_\_  
Current name of the subject of the petition

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

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**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 \_\_\_\_\_ .



<p><b>STATE OF MICHIGAN</b>          JUDICIAL CIRCUIT-FAMILY DIVISION          COUNTY</p>	<p><b>MINOR'S CONSENT TO CHANGE NAME</b></p>	<p><b>FILE NO.</b></p>
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In the matter of the name change of \_\_\_\_\_  
Present first name, middle name, and last name (type or print)

1. I consent to change my name as stated in the petition filed on \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's signature

In my presence, the minor who is the subject of this petition signed this consent before me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

**NOTE:** A minor 14 years of age or older must sign a written consent in the presence of the judge before an order to change name can be entered for that minor. The written consent may be signed at the hearing on the petition to change name.