



Ottawa County

Clerk | Register of Deeds

**Information on Filing for a Name Change of an Adult in the
20th Circuit Court Family Division
Provided by Ottawa County Clerk's Office**

Please read these instructions in their entirety before completing any of the forms. This packet is designed to give you procedural information only. Clerk staff cannot answer legal questions or give legal advice. You may wish to consult an attorney. The following are steps to follow for the name change of an adult (18 years old or older):

FILL OUT THE PETITION:

- Fill out the Petition for Name Change form (3-page document)
- In Section 1, indicate any previous court case such as a support, divorce, paternity, name change, adoption, neglect/abuse, etc.
- Sign the form as the petitioner
- Skip section 7 on the petition; it does not apply to you as an adult.
- For petitioners 22 years old and older – **make a copy of your petition before you file it so you can send it to the Michigan State Police with your fingerprints**
 - You may obtain a copy from the clerk's office when you file it, but there is a fee of \$3.00.

A NOTE REGARDING PERSONAL IDENTIFYING INFORMATION:

- Please note that the petition is designed to omit personal identifying information, such as dates of birth. Please do not include that information on the petition.
- Use the included form **MC 97a – Addendum to Protected Personal Identifying Information** to provide the court with this information. It must be filed with your petition.

HOW TO FILE WITH CLERK:

- The filing fee is \$175 and is **non-refundable** in the event that your petition is denied, dismissed, or withdrawn for any reason. The Clerk's Office does not accept personal checks. You may pay by cash, money order, or credit card (Mastercard, Visa, or Discover). The filing fee must be submitted with the petition.
- You may request a waiver of the filing fee by completing the fee waiver form included in this packet. Your request must be approved by either the Clerk's Office or the Judge according to state law. If your fee waiver is denied, you will be notified and permitted to either pay the filing fee or elect not to proceed with the case.
- You may file the petition and MC 97a either in-person or by mail at:
 - 12120 Fillmore Street, West Olive, MI 49460
- Office hours are 8:00 am – 5:00 pm Monday through Friday (except county observed holidays-see county website at www.miottawa.org)

FINGERPRINTING:

- Adults 18-21 do not need to get fingerprinted. Skip this section.
- Adults 22 years old or older, need to get fingerprinted by the Sheriff's Office, or another law enforcement agency.
 - Contact information for Ottawa County Sheriff's Office for an appointment:
 - <https://www.miottawa.org/Sheriff/gun-cpl.htm#appointments>
 - Phone: 616-738-4025
- Ask to be printed on a Michigan Applicant card (**RI-008**). Complete the card in its entirety.
- Call Michigan Department of State Police to find out their **current fee for processing** at: 517-241-0606
- The fingerprint card, a copy of the petition, and the fee for processing needs to be mailed **by you** to:
 - Michigan Department of State Police
CRD Identification Section-Criminal Justice Information Center
P.O. Box 30266
Lansing, MI 48909
- The Michigan State Police will send your fingerprint results directly to the Clerk's Office.
- If you would like to have a copy of your criminal history report mailed to you, you will need to provide a self-addressed, stamped envelope to the clerk's office.

AFTER FILING YOUR PETITION

- If you are 18-21 years old, the Clerk's Office will send the following to you after we open your case; if you are 22 or older, the Clerk's Office will send the following to you after receiving your criminal history report:
 - A copy of your filed petition
 - A receipt for the filing fee
 - A half sheet of paper that indicates your:
 - Case number/File number
 - Assigned judge
 - Phone number to call to schedule your hearing
- Once you get this information in the mail, you must call the clerk to schedule your hearing.

PUBLISH NOTICE IN THE NEWSPAPER

- After receiving a hearing date, complete the **Publication of Notice of Hearing Regarding Petition for Name Change** form and arrange for it to be published in a newspaper of your choosing, according to the below requirements:
 - The newspaper must circulate in Ottawa County;
 - The publication must run one time;
 - The publication must occur **at least 14 days prior to** your scheduled hearing date. You must call the Clerk's Office to reschedule your hearing if you miss the deadline;
 - The newspaper must provide the court with an **Affidavit of Publication**, which is a notarized document showing what was published and when.

- You may file your Publication of Notice of Hearing for Name Change with the Court.

AFTER YOU PUBLISH IN THE NEWSPAPER:

- Approximately one week prior to your scheduled hearing, call the Clerk's Office to make sure that we have received the Affidavit of Publication from the newspaper.
- If the clerk has not received an affidavit from the paper, you will need to contact them and have them send one, or you may give us your Affidavit if they sent you one.

AT AND AFTER THE HEARING:

- Hearings may be held at the West Olive or Grand Haven courthouse depending on who the assigned judge is, and will either be in person, or by Zoom at the court's direction. Ask the scheduling clerk how hearings are being held when you call to set yours.
- The Order is in two parts to comply with Michigan's laws regarding Personal Identifying Information.
 - Part 1, which includes identifying information, will be provided to you after the hearing for a certified copy fee of \$12 (for hand-sealed paper copy) or \$10 (for electronically certified, emailed copy).
 - Part 2, which redacts the identifying information, will be retained for the court record.

HOW TO OBTAIN A BIRTH CERTIFICATE AFTER YOUR HEARING:

- You are responsible for contacting vital records in Lansing, MI (if you were born in Michigan) for them to create a new birth certificate in your new name.
 - Vital records may be contacted at:
 - State of Michigan
Department of Public Health
3423 N. Logan Street
P.O. Box 30195
Lansing, MI 48909
517-335-8656 or 517-335-8666
- You will need to inquire with that office as to the current fee for a birth certificate and pay the required fee to them for the creation of a new birth certificate.
- Vital Records creates a new birth certificate in two ways:
 - If item # 9 **is** filled out on your order that the judge signs, vital records will create a new birth certificate and will seal the original birth certificate.
 - If item # 9 **is not** filled out, they will leave the original birth certificate in its original form and create an addendum to it that indicates the new name.
- If you were not born in Michigan you must:
 - Call the agency responsible for creating birth records for the applicable state.
 - Inquire as to their process for creating a new birth record.

CONTACT INFORMATION FOR QUESTIONS:

Ottawa County Clerk

Family Division

12120 Fillmore Street

West Olive, MI 49460

Phone: (616) 786-4108

Fax: (616) 738-4638

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION FOR NAME CHANGE	CASE NO. and JUDGE
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Court address

Court telephone no.

- A. You must complete form *PC 51* or *PC 51c* to begin a name change proceeding. Use this form (*PC 51*) unless you have good cause not to publish notice of your name change proceeding, such as you believe publication of the notice of hearing will put you or another individual in danger of physical harm, or at risk of unlawful retaliation or discrimination. If you have good cause, use form *PC 51c, Petition for Name Change and Ex Parte Request for Nonpublication and Confidential Record* to ask the court for permission not to publish a notice about the name change and to keep the record confidential.
- B. Unless you have received permission not to publish, the law requires that notice of hearing about the petition be published in a newspaper. You must file a completed *PC 50, Publication of Notice of Hearing Regarding Petition for Name Change*, with the court. Contact the court clerk for information about when PC 50 must be submitted.
- C. 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

Current 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 their
☐ 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 _____
(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 noncustodial parent has been convicted of first degree murder (MCL 750.316) or second degree murder (MCL 750.317). (Attach judgment of sentence.)

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

	FROM (current name)	TO (proposed name)	DATE OF BIRTH
Petitioner	First:	First:	Put DOB in Ref. No. row 10 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Spouse	First:	First:	Put DOB in Ref. No. row 11 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 12 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 13 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	
Minor child	First:	First:	Put DOB in Ref. No. row 14 on MC 97a.
	Middle:	Middle:	
	Last:	Last:	

Note: 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(s) of _____ at birth and to seal the original certificate.
- Name(s)

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's signature

Petitioner's attorney 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)

Address

City, state, zip Telephone no.

Attorney signature

Attorney name (type or print) Bar no.

Address

City, state, zip Telephone no.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	ADDENDUM TO PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address

Court telephone no.

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

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

Use note: Use this form for the required publication of notice **unless** you have an order granting a request for nonpublication. If you have an order for nonpublication, but must publish a notice to a noncustodial parent, use form *PC 50c, Publication of Notice of Hearing Regarding Petition for Name Change (Noncustodial Parent)*.

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

Publish only the information contained in the box below.

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: _____ has filed a petition for name change. Petitioner's name	
A name change hearing will be held on _____ Date and time	
at _____ Location	
before Judge _____ to change the name of:	
_____ Current name	to _____ Proposed name
_____ Current name	to _____ Proposed name
_____ Current name	to _____ Proposed name
_____ Current name	to _____ Proposed name
_____ Current name	to _____ Proposed name

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

Furnish _____ copies to _____.

Furnish affidavit of publication to the ☐ court. ☐ petitioner.

☐ Forward statement for publication charges to* _____.

*If the court has waived fees under MCR 2.002, it must pay the cost of any ordered publication, including any affidavit fee charged by the publisher or the publisher's agent.

Note: Case records reflecting court payment of publication costs are nonpublic.

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	FEE WAIVER REQUEST	CASE NO. and JUDGE
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Court address

Court telephone no.

Plaintiff/Petitioner's name, address, and telephone no. 	v	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no. 		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of _____

Instructions: Complete this form and file it with the court. After you receive a decision on your request, you must serve your request and the decision on the other party(ies).

I request a waiver of my filing fees for the following reason: (Check 1, 2, or 3)

- ☐ 1. I receive the following type(s) of public assistance because of indigence:
- ☐ Food Assistance Program through the State of Michigan (also known as FAP or SNAP)
 - ☐ Medicaid (including Healthy Michigan, CHIP, and ESO)
 - ☐ Family Independence Program through the State of Michigan (also known as FIP or TANF)
 - ☐ Women, Infants, and Children benefits (WIC)
 - ☐ Supplemental Security Income through the federal government (SSI)
 - ☐ Other means-tested public assistance: _____
- My public assistance case number(s) (if any) is _____
Write "none" if no case number. Do not write your SSN.
- ☐ 2. I am represented by a legal services program or I receive assistance from a law school clinic because of indigence. The name of the legal services program or law school clinic is _____
- ☐ 3. I am unable to pay the fees and I did not check item 1 or 2 above.
- My gross household income is \$ _____ every _____
Week/Two weeks/Month/Year
- The number of people in my household is _____
- My source of income is _____
- List assets and their worth, such as bank accounts. If you need more space, attach a separate sheet.

List obligations and how much you pay, such as rent or other debts. If you need more space, attach a separate sheet.

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

Date _____ Approved, SCAO Form MC 20, Rev. 10/19 MCR 2.002 Page 1 of 2	Signature _____ Distribute form to: Court Applicant Other parties Friend of the court (when applicable)
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CLERK WAIVER

1. Payment of filing fees is waived.

Signature of court clerk and date

ORDER

IT IS ORDERED:

- ☐ 1. Payment of filing fees is waived because:
- ☐ a. Your gross household income is under 125% of the federal poverty guidelines.
 - ☐ b. Your gross household income is above 125% of the federal poverty guidelines, but payment of the fees would constitute a financial hardship for you.
 - ☐ c. Other:

If you become able to pay the fees before this case is resolved, you must notify the court.

- ☐ 2. The fee waiver request is denied because:
- ☐ a. Your gross household income is above 125% of the federal poverty guidelines and payment of the fees would not constitute a financial hardship for you.
 - ☐ b. Other:

Judge/Magistrate (when authorized) signature and date

NOTICE

IF YOUR REQUEST WAS DENIED: To continue your case and preserve your filing date, you have 14 days from the issue date below to pay the filing fees or request a review. To request a review, fill out a Request for Review of Denied Fee Waiver (form MC 114) and file it with the court.

Issue date (completed by clerk)