

## *Seeking a Legal Name Change?*

*For a legal name change, & it is necessary to open a court case within the family division of the circuit court. The filing fee to open a case is \$150. You must be a resident of Macomb County for at least one year prior to filing for a legal name change. For minors that are not yet one year old, the parent or legal guardian must be a Macomb County resident for one year prior to filing for a legal name change. The forms necessary to open a name change case can be obtained from our office or from the State Court Administrator's Office website at <http://courts.michigan.gov>. All other forms listed are available through our office.*

*In order to open the case, along with the fee, you will need to complete the "Petition to Change Name" form and "Publication of Notice of Hearing" form and present all to the court section of the Macomb County Clerk's Office. The Petition must be filled out in its entirety. For the "Publication of Notice of Hearing" form leave the hearing date, time, and judge blank. The whole process takes approximately 2 months.*

*After the case is opened:*

### ***For Adults 22 years of age or older:***

If the petitioner seeking a legal name change is 22 years of age or older, fingerprinting is required. Fingerprinting must be done AFTER your case is opened. You can have fingerprints taken at your local police agency for which you may be charged a fee. After the fingerprints are completed, it is necessary to mail them to the Michigan State Police with a \$49.25 processing fee (we have a form you will be given upon opening your case that contains the address and other information on fingerprinting called "**Special Instructions for Name Change**"). Since we are unable to give you a hearing date until fingerprint results have been received, it is necessary to furnish our office with a self-addressed, stamped envelope upon case initiation so we may mail you the notice of your hearing date. The case proceeds as listed below under "For All Instances"

### ***For Adults over the age of 18 but less than 22 years of age:***

No fingerprinting is necessary. The case proceeds as listed below under "For All Instances".

### ***For Minors (Any Child under the age of 18):***

A copy of the child's birth certificate needs to be filed prior to the hearing date. If a legal name change is sought on behalf of a minor, both parents can petition the court by both signing the Petition for Name Change upon case initiation. Otherwise, one parent may initiate proceedings to seek a legal name change but will either need the consent of the other parent (the form for this is called "**Waiver/Consent**") or it will be necessary to properly serve the other parent with the paperwork (the form for this is called "**Proof of Service**"). This needs to be completed even if the father's name is not listed on the birth certificate. If you are unable to locate the other parent, the "**Affidavit of Diligent Search**" form will need to be filled out. If the non-custodial parent has not made support payments for 2-years but has been ordered to do so, the form "**Change of Name of Minor Notice of Child Support Payments**" is submitted to the Friend of the Court to complete. This can be used in lieu of service to the other parent only where the non-custodial parent is ordered to pay support but has not within the previous 2 years. The Waiver/Consent, Proof of Service, Affidavit of Diligent Search, or Notice of Child Support payments must be filed prior to the hearing date. No fingerprinting is necessary for minors. The case proceeds as listed below under "For All Instances".

### ***For All Instances:***

A hearing date is set by the court once fingerprint results are received (for those over 22-this is mailed to you) or upon case initiation (for those who are a minor or between the ages of 18 and 21 who do not need to have fingerprints taken). The hearing date is set 8 weeks out by way of the "**Publication of Notice of Hearing**" form. The notice of publication is also sent to the Legal News for publishing. ALL name changes must be published. The fee for publication is \$78.30 and you will be billed for this directly from the Legal News. This fee must be paid prior to your hearing date. You then appear on your hearing date and time. If the judge assigned to your case grants the name change an order granting the legal name change is signed. You will then be directed to the court section of the clerk's office to receive your certified copy. A certified copy is necessary to have your name changed at various agencies (i.e.-Secretary of State, School, etc.). The cost for a certified copy of a name change order is \$12.00 (\$10 for the certification and \$1 per page of the document – a name change order is a 2-page document).

**CARMELLA SABAUGH**

Clerk of 16<sup>th</sup> Judicial Circuit Court

Family Division

40 North Main, Mount Clemens, MI 48043

586-469-5208

Circuit Court ORI  
MI-500015J

**SPECIAL INSTRUCTIONS FOR NAME CHANGE**

**Every person 22 years of age or older whose name appears on the "Petition to Change Name" must follow these instructions before the court can act on the petition.**

Pursuant to 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 the name change with fraudulent intent. You must prove to the court that the name change is not being sought with fraudulent intent.

**INSTRUCTIONS:**

1. File the "Petition to Change Name" (form PC 51) with the circuit court and pay the filing fee.
2. Make one copy of the completed "Petition to Change Name" (form PC 51).
3. Go to your local police agency for the fingerprint card and to have your fingerprints taken. The police agency will advise you of the appropriate fee. Take a copy of the "Petition to Change Name" with you.
4. After you have had your fingerprints taken, mail the copy of the "Petition to Change Name," the fingerprint card, and the appropriate fee which is currently \$49.25, to the Michigan State Police. The fee must be made payable to the State of Michigan. Mail to:  

Michigan State Police  
Criminal Records Division  
P O BOX 30634  
Lansing, Michigan 48913
5. The Michigan State Police will review your criminal records and will forward the fingerprints to the Federal Bureau of Investigation. Once the Federal Bureau of Investigation has reviewed its 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 can schedule a hearing on the "Petition to Change Name."
  - o The court will mail you a notice when the required report is received. You must give the court a preaddressed, postage-paid envelope for mailing this notice.
  - o Contact the court eight weeks after you mail or deliver your fingerprint card to the Michigan State Police to find out if the required report has been received.

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>PETITION TO CHANGE NAME</b>	<b>FILE NO.</b>
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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)

to \_\_\_\_\_  
Requested new 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 the above named person(s) has 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.  his/her minor child(ren), of whom the petitioner has legal custody.

b. an adult.

c. a minor, whose natural or adopted parents are: \_\_\_\_\_ and \_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

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 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.

**[Complete item 7. only if the name change is for a minor. Please see other side for remainder of petition.]**

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, MCL 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:  
\_\_\_\_\_  
\_\_\_\_\_

(PLEASE SEE OTHER SIDE)

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		
Minor child		
Minor child		
Minor child		

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

\_\_\_\_\_ Date

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

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

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

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

\_\_\_\_\_ Address

\_\_\_\_\_ Address

\_\_\_\_\_ City, state, zip Telephone no.

\_\_\_\_\_ City, state, zip Telephone no.

10. I am the spouse of the petitioner or the non-custodial parent of the minor and consent to the granting of this petition to change name.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

11. I am a minor 14 years of age or older, and I consent to the granting of this petition to change my name.

\_\_\_\_\_ Date

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

\_\_\_\_\_ Date

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

12. I am a minor under 14 years of age, and I state my preference to the name change above.

\_\_\_\_\_ Date

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

\_\_\_\_\_ Date

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

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

\_\_\_\_\_ Address

\_\_\_\_\_ Attorney name (type or print) Bar no.

\_\_\_\_\_ City, state, zip Telephone no.

STATE OF MICHIGAN  
CIRCUIT COURT  
COUNTY OF MACOMB

PUBLICATION OF NOTICE  
OF HEARING ON  
NAME CHANGE

FILE NO.

In the matter of \_\_\_\_\_

Take notice: On \_\_\_\_\_ at \_\_\_\_\_ m., in the Circuit Court  
Date Time

\_\_\_\_\_ 40 North Main, Mount Clemens, Michigan, before Honorable \_\_\_\_\_  
City or Township

Judge of Circuit Court – Family Division, a hearing will be held on the petition for change of name  
of \_\_\_\_\_ to \_\_\_\_\_.

This change of name is not sought for fraudulent intent.

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
City, State, Zip

**PUBLISH ABOVE INFORMATION ONLY**

Publish ONE time(s) in \_\_\_\_\_ Macomb County Legal News in \_\_\_\_\_ Macomb County  
Name of Publication

Furnish ONE copies to \_\_\_\_\_ Attorney/petitioner

Furnish affidavit of publication to the Circuit Court.

Furnish statement for publication charges to \_\_\_\_\_ Attorney/petitioner

**\*NOTE TO PREPARER: If there is an interested person whose address is unknown and cannot be ascertained after diligent inquiry, insert immediately following the entitlement of the matter, "To [name of interested person] whose address(es) is(are) unknown and whose interest in the matter may be barred or affected by the following:".**

Do not write below this line – For court use only

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>WAIVER/CONSENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. I am interested in the matter as (Father/Mother's Name: \_\_\_\_\_ ) .

2. I waive notice of the hearing and consent to the application/petition for \_\_\_\_\_  
Nature of application/petition and name of applicant/petitioner

Name Change: \_\_\_\_\_

Name Changed From: \_\_\_\_\_

Name Changed To: \_\_\_\_\_

\_\_\_\_\_, and I declare that I have received a copy of this application/petition.

3. I waive notice of hearing on The Petition to Change Name .  
Nature of hearing

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney name (type or print) Bar no.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

NOTE: Do not use for waivers under MCL 700.3310.

Do not write below this line - For court use only

**SUBSCRIBED AND SWORN BEFORE ME ON:** \_\_\_\_\_  
**IN** \_\_\_\_\_ **COUNTY,** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_  
**Notary Public**

**PRINT:** \_\_\_\_\_

**MY COMMISSION EXPIRES:** \_\_\_\_\_

STATE OF MICHIGAN COUNTY OF MACOMB CIRCUIT COURT- FAMILY DIVISION	MINOR NAME CHANGE AFFIDAVIT OF DILIGENT SEARCH	CASE NO.
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**RE:** \_\_\_\_\_

The undersigned being duly sworn says that service of a Notice of  
Hearing cannot be made on the non-custodial parent, \_\_\_\_\_  
(name)

\_\_\_\_\_  
(last known address)

The whereabouts of the person has not been determined, and that the affiant has made diligent inquiry to ascertain the present address of the above named individual; that such inquiry has been unsuccessful; and consisted of the following:

Inquired of known relatives or acquaintances (list date, name, address, telephone for each)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Telephone Book                      | <input type="checkbox"/> Known Employees         |
| <input type="checkbox"/> School                              | <input type="checkbox"/> Police Department       |
| <input type="checkbox"/> State Department of Social Services | <input type="checkbox"/> Friend of the Court     |
| <input type="checkbox"/> Credit Bureau                       | <input type="checkbox"/> City & County Directory |
| <input type="checkbox"/> Department of Corrections           | <input type="checkbox"/> County Clerk            |
| <input type="checkbox"/> Other _____                         |  |

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

**Affiant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON: \_\_\_\_\_  
IN \_\_\_\_\_ COUNTY, \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Notary Public

PRINT: \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

40 North Main Street  
Mt. Clemens, MI 48043  
(586) 469-5208

CHANGE OF NAME OF MINOR  
NOTICE OF CHILD SUPPORT PAYMENTS

Father's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Return to:

\_\_\_\_\_  
(Name of Petitioner)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

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**TO BE COMPLETED BY FRIEND OF THE COURT**

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Date of Child Support Order: \_\_\_\_\_

Amount of Child Support Ordered: \_\_\_\_\_

Date of Last Child Support Payment: \_\_\_\_\_

Amount of Last Child Support Payment: \_\_\_\_\_

Total Arrearage: \_\_\_\_\_ As of \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Approved by Friend of the Court

STATE OF MICHIGAN  
CIRCUIT COURT  
COUNTY OF MACOMB

PROOF OF SERVICE

FILE NO.

Estate of \_\_\_\_\_

- 1. I served by  registered (copy of return receipt attached)  certified mail (copy of return receipt attached)  ordinary mail

NOTICE OF HEARING & PETITION FOR CHANGE OF NAME

Type of papers \_\_\_\_\_ on:

Name	Complete address of service	Date

- 2. I served by personal service the papers described above on:

Name	Complete address of service	Date

- 3. After diligent search and inquiry, I have been unable to find and serve the following interested persons:

\_\_\_\_\_  
\_\_\_\_\_

I have made the following efforts in attempting to serve process: \_\_\_\_\_  
\_\_\_\_\_

I declare 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.

UNLESS THE NONCUSTODIAL PARENT HAS  
CONSENTED TO THE NAME CHANGE, YOU  
MUST MAIL A COPY OF THE NOTICE OF  
HEARING & PETITION FOR CHANGE OF  
NAME TO THE NONCUSTODIAL PARENT  
AND FILE THE PROOF OF SERVICE WITH  
THIS COURT

\_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 Signature

Flow this line - For court use only