

VIRTUAL NAME/ GENDER MARKER CHANGE CLINIC

IN MICHIGAN 2024



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AFFIRMATIONS
LGBTQ+ COMMUNITY CENTER

Requirements for a Legal Name Change in Michigan*

- Petition to Change Name filed in County Circuit Court (Form PC51)
- Addendum to Protected Personal Identifying Information (Form MC 97a)
- Confidential Case Inventory (Form MC 21) - current or past family court, or anyone in Wayne Co.
- Under 18: parents both sign Petition (with some exceptions), 14 and up, minor signs
- 22 or older: fingerprints sent to MI State Police for criminal background check
- Publication of Notice of Hearing for Name Change, at least 14 days before hearing**
- Must be resident of county for 12 months prior to filing the Petition
- Those with criminal record have burden of proof that there's no fraudulent intent

Forms are online for FREE; search them by their document number: <https://www.courts.mi.gov/SCAO/>

You can also GOOGLE the forms by searching for them by the document number and typing "pdf" after

Get FREE step-by-step help completing forms (search them by their document number):

<https://michiganlegalhelp.org/>

PAID Name change kits (not tested by trainer) available here: <https://www.namechangekit.com/Legal/Default.aspx>

FREE Program that can help you fill out legal paperwork: <https://transpapers.lgbt/>

Guides/Assistance for KENT COUNTY specifically: <https://grtransfoundation.org/update-program/>

*Requirements vary by State. These are the same in all counties of Michigan, but check with your County Clerk for the specific procedures for meeting these requirements. Under normal circumstances, no attorney is required.

** can be waived with form PC51c

Direct and Indirect Costs of a Name Change

Costs may vary by county. This does not include gender marker changes which may or may not occur simultaneously.

Direct Costs		Potential Indirect Costs	
Initial Petition filing fee*	~\$175 - 185	New Social Security Card	Free at SSA
Fingerprints taken	~\$10 - 75	New Driver's License/ID	~\$10+
Criminal background check	~\$45 - 85	Change Birth Certificate (MI)	~\$50
Publication of Notice of Hearing**	~\$99 - 110	+1 Copy at time changed	~\$16
Court Hearing Fee/Order Entry Fee	~\$10	+1 Copy afterward	~\$34
4-5 Certified Copies of Order	~\$14 - 15	Passport Book, routine service	~\$115 - 145
Total	\$353-\$400+		

*Waivable for cause (Fee Waiver Request - Form MC20)

**Waivable with form PC51c as of 7/1/23

Complete Petition to Change Name (PC51) & Addendum (MC 97a)

- If you have a Michigan birth certificate, on line 9 request that the court create a new birth certificate and have the old one sealed
- Use a permanent address on the Petition
- Make sure the specific County/Court is written in the top left corner
- Make copies
- Complete the state mandated Addendum to Protected Personal Identifying Information (Form MC 97a), so that your DOB will not be publicly filed - it will be on this document instead, submitted together, but filed separately
- Complete the Confidential Case Inventory (Form MC 21) - for those who have a current or previous family court case
 - In Wayne Co., some judges/clerks seem to require everyone to file this, but if it doesn't apply to you, you should write "None" when you submit it with your petition
 - Form PC51c is another version of the petition that includes a section where you can write a sworn statement outlining why publishing this could be harmful.

For help filling out this form, go to michiganlegalhelp.org

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION TO CHANGE NAME	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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.
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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 and _____ Deceased
Parent _____ Name _____
- 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.

Petition to Change Name (4/21)

Case No. _____

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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.

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 _____	Date _____
Signature _____	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 _____	Address _____
Signature _____	City, state, zip _____ Telephone no. _____
Name (type or print) _____	Address _____
Attorney signature _____	Bar no. _____ City, state, zip _____ Telephone no. _____
Attorney name (type or print) _____	

FOR PRESENTATION USE ONLY
SEE LINKS ON SLIDE 2 or 40
for printed documents

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
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 CIRCUIT COURT - FAMILY DIVISION COUNTY	CONFIDENTIAL CASE INVENTORY (DOMESTIC RELATIONS AND JUVENILE CODE)	CASE NO. PETITION NO. JUDGE
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Plaintiff's name _____	v	Defendant's name _____
In the matter of _____		

Instructions: List any known pending or resolved family division cases involving the person(s) named in the complaint or petition or family members of the person(s) named in the complaint or petition. File the completed form with the complaint or petition, but do not attach or staple together. Complete and file additional sheets if necessary.

Examples of family division cases include personal protection orders, divorce, custody, paternity, child support, juvenile delinquency, and child protective proceedings. See MCL 600.1021 for a complete list.

Note: This form is confidential and not to be served on other parties in this case.

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name _____	Case status	Case/File no. _____
Assigned judge _____	<input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name _____	Case status	Case/File no. _____
Assigned judge _____	<input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name _____	Case status	Case/File no. _____
Assigned judge _____	<input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Court information (name, number, and county/state)		
<input type="checkbox"/> This court <input type="checkbox"/> Other court or tribunal:		
Case name _____	Case status	Case/File no. _____
Assigned judge _____	<input type="checkbox"/> Pending <input type="checkbox"/> Resolved	Are support or custody/parenting time orders in effect? <input type="checkbox"/> Support <input type="checkbox"/> Custody/Parenting Time

Date _____ Signature _____

SWORN STATEMENT

I am the petitioner. endangered individual: _____
Name

I state the following as evidence supporting good cause for the court to order that no publication about this proceeding be published and that the record of the proceeding be confidential.

1. I fear that I _____ will be in danger, or the likelihood of such
Endangered individual
danger will increase, if a notice is published or the record of the proceeding is available for access because:

2. I believe I _____ will be placed at risk of unlawful retaliation
Endangered individual
 discrimination if a notice is published or the record of the proceeding is available for access because:

3. Other reason supporting good cause: (explain)

Note: The court must not require proof of an arrest or prosecution to reach a finding of good cause.

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

Date

Signature

Name (type or print)

FOR PRESENTATION USE ONLY
SEE LINKS ON SLIDE 2 or 40
for printed documents

Filing the Petition to Change Name (Form PC51 or PC51c)

- Contact the County Court to confirm where to file and if any additional documents are needed
- Find your County Clerk's Office (or email or mailing address if needed)
- Fill out Fee Waiver Request (Form MC20) if needed/eligible
- File the Petition and Addendum with the Clerk's Office according to your county's procedures
 - May pay by check, money order, over the phone, or online, depending on the county
 - May pay publication fee at this point, depending on the county
- From the point of filing, you will have 4 months to complete the remaining steps of the Petition, or you may have to start over

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

Fee Waiver Request (10/19)

Page 2 of 2

Case No. _____

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) _____

Criminal Background Check (22 Years Old and Up)

- Get fingerprints taken ASAP - you can get a fingerprint card done at any police station
- Once your fingerprints have been taken, mail the following to the Michigan State Police (MSP)
 - fingerprint card, filled out
 - \$43.25 (money order or check) for background check fee
 - a copy of the Petition you filed
- MSP will send the background check directly to the court, allow up to 6 weeks for processing/delivery
- Macomb County makes you do this in their court building and is charging \$85

Scheduling the Hearing

- The court will most likely schedule this for you, but check with the clerk
- 22 and up: once you pass the background check, the hearing should be scheduled for within a couple of months, but this will vary by county
- 21 and under: if you don't get a hearing scheduled within a couple of weeks of filing, call the clerk and make sure they know they don't need to wait for a background check for you

Publishing the Notice of Hearing in a Local Newspaper

- Required unless waived as described earlier.
- Depending on the county, the court may have you pay this fee when you first file the petition (as in Oakland County) or send you an invoice for it and the court publishes for you (as in Macomb County), or they may require you to do it yourself (as in Wayne County)
- If publishing it yourself, take the Publication of Notice of Hearing (PC563) to a local newspaper (the clerk should have a list, fees vary between papers)
 - In Oakland and Wayne Counties, this requirement may be satisfied with the Detroit Legal News, in Macomb County by the Macomb County Legal News
- The Publication of Notice of Hearing must be published at least 14 days before the name change hearing
- The newspaper will return a copy of the notice of hearing and an affidavit of publication to you, to file with the court
- If the newspaper says they will send it directly to the court, check with the court

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

PUBLICATION OF NOTICE OF HEARING

FILE NO. _____

In the matter of _____

TO ALL INTERESTED PERSONS including:

whose address(es) is/are unknown and whose interest in the matter may be barred or affected by the following:

TAKE NOTICE: A hearing will be held on _____ at _____

at _____ before Judge _____

for the following purpose:

FOR PRESENTATION USE ONLY
SEE LINKS ON SLIDE 2 or 40
for printed documents

Date

Attorney name (type or print) Bar no. Petitioner name (type or print)

Address Address

City, state, zip Telephone no. City, state, zip Telephone no.

PUBLISH ABOVE INFORMATION ONLY

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

Furnish _____ copies to _____.

Furnish affidavit of publication to the court.

Forward statement for publication charges to _____.

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

Preparing for the Hearing

- Find out if you need to pay the order entry fee/court hearing fee in advance, or at court just prior to the hearing
- Let them know prior to the hearing date if you need an accommodation
- Bring the following with you to the court:
 - A copy of the Petition you filed
 - A current ID
 - Birth Certificate
 - Proof of current residence, which can include drivers license or other ID, but many other documents work (check with the Secretary of State for a list)
 - A copy of the Order Following Hearing On Petition To Change Name (PC52)
 - Pre-complete both parts to the best of your knowledge - the first part will be your copy, the second part will be the court's
 - Provide it to the clerk when you check in
 - Payment for certified copies of the Order once signed

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	ORDER FOLLOWING HEARING ON PETITION TO CHANGE NAME (Part 1)	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

THE COURT FINDS:

1. A petition for name change has been filed.
2. Notice of hearing was given by publication.
3. Each person for whom a name change is sought has been a resident of the county for at least one year.
4. The court has received the required criminal record report(s) from the Michigan Department of State Police.
5. _____ has a criminal record.
Name (type or print)
6. The request for the name change of _____
Name (type or print)
 - is is not made with fraudulent intent.
7. The petitioner, having legal custody, requests the name change of a minor. The noncustodial parent has consented to the name change.
8. 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.
9. The minor(s) 14 years of age or older signed a written consent to change name in the presence of the court.
10. The minor(s) under the age of 14 has/have stated a preference to a name change.
11. The minor(s) is/are not of sufficient age to express a preference to a name change.

Order Following Hearing on Petition to Change Name (1/21)
Page 2 of 2

Case No. _____

12. 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

13. 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.

14. The request to change the name of _____ is denied.
Name
 15. The request is denied and the petition is dismissed.

Judge signature and date

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.

The Hearing

- The hearing is fairly short, and as long as you meet the state's requirements, the judge will order the name change
- Questions the judge may ask:
 - Do you have a criminal record?
 - Are you making this request with fraudulent intent?
 - Why do you want to change your name?
 - At this point the judge may also give anyone who objects to your name change a chance to talk about their reason for objecting
 - Do you have any debt?
 - If you have student loans, you must update the creditor as soon as you obtain a new Social Security Card

Filing the Court Order to Change Name

- Judge's clerk will usually give you one true copy of the signed name change Court Order (PC52), keep this safe
- Find out ahead of time where to obtain certified copies and the fee
- Obtain at least 4-5 certified copies and keep them in a safe place, these will be necessary to change your name with many agencies, and you want to always have at least one certified copy in your possession. The first copy is \$10, with them being \$1 for each copy afterward.

Places to Update Name - Make a Plan

- First steps
 - Social Security Administration - Social Security Card
 - Secretary of State - Driver's License, Voter Registration
 - On Passport
 - Birth Certificate (if possible) - in Michigan this is at Vital Records
- Other places many will need to update, in no particular order (contact the agency in question)
 - Any W2 or 1099s you get that have your old name on them
 - Student loans and any other creditors
 - Insurance companies
 - Car documents
 - Professional, work, and school documentation
 - Health care providers
 - Financial institutions
 - Post office
 - Landlords, home title, mortgage, utility companies
 - Selective Services (more info later in presentation)
 - Application for Correction of Military Record (DD Form 149) is first step for Veterans Affairs
 - etc.

Changing Name on Driver's License/State ID

- Find your nearest Social Security Administration (SSA) office and make an appointment to get a new social security card
- Bring a certified copy of your Court Order (PC52), an application for a Social Security card, and proof of ID (visit the SSA website for a complete list of what's needed)
- If you're in a hurry to get your new license, ask the SSA for a processing receipt to show the SoS
- Once your name is updated with the SSA, visit the Secretary of State (SoS)
- Bring your current valid driver's license/state ID, and a certified copy of your Court Order (PC52)
- Pay the fee and get your photo taken
- This will automatically create a new Voter Registration Card

Changing Name on Passports

- Visit travel.state.gov for additional details about these forms
- If applying for a passport for the first time, use form DS-11 and apply in person (post offices are the most common place to do this)
- If you already have a passport, you'll submit your application with your certified copy of your Court Order (PC52), and you may be able to apply to renew through the USPS
 - Use DS-5504 if your passport is less than a year old
 - Use DS-82 or DS-11, depending on your particular situation, if it's more than a year old
- Routine Service currently takes 16 weeks
- Expedited Service takes 12-16 weeks for an additional \$60
- Passport Cards are cheaper than Passport Books but are only good for land and water travel to Canada, Mexico, Bermuda, and the Caribbean



U.S. Department of State
APPLICATION FOR A U.S. PASSPORT

OMB Control No. 1405-0004
Expiration Date: 04-30-2025
Estimated Burden: 85 Minutes

Please read all instructions first and type or print in black ink to complete this form.

For information or questions, visit travel.state.gov or contact the National Passport Information Center (NPIC) at 1-877-487-2778 (TDD: 1-800-874-7739) or NPIC@state.gov.

This form is used to apply for a U.S. passport book and/or card in person at an acceptance facility, a passport agency (by appointment only), or a U.S. embassy, consulate, or consular agency (if abroad). The U.S. passport is a travel document attesting to one's identity and issued to U.S. citizens or non-citizen U.S. nationals. To be eligible to use this form you must apply in person if at least one of the following is true:

- ✓ I am applying for my first U.S. passport
- ✓ My previous U.S. passport was either: a) issued under age 16;
- ✓ I am under age 16
- b) issued more than 15 years ago; c) lost, stolen, or damaged

If none of the above statements apply to you, then you may be eligible to apply using form DS-82 or DS-504 depending on your circumstances. Visit travel.state.gov for more information.

- **Notice to Applicants Under Age 16:** You must appear in person to apply for a U.S. passport with your parent(s) or legal guardian(s). See Section D of these instructions or travel.state.gov for more details.
- **Notice to Applicants Ages 16 and 17:** At least one of your parent(s) or legal guardian(s) must know that you are applying for a U.S. passport. See Section D of these instructions or travel.state.gov for more details.
- **Notice to Applicants for No-Fee Regular, Service, Official, or Diplomatic Passports:** You may use this application if you meet all provisions listed; however, you must consult your sponsoring agency for instructions on proper routing procedures before forwarding this application. Your completed passport will be released to your sponsoring agency and forwarded to you.

SECTION B. STEPS TO APPLY FOR A U.S. PASSPORT

1. Complete this form (Do not sign until requested to do so by an authorized agent).
2. Attach one color photograph 2x2 inches in size and supporting documents (See Section D of these instructions).
3. Schedule appointment to apply in person by visiting our website or calling NPIC (see contact info at the top page).
4. Arrive for appointment and present completed form and attachments to the authorized agent who will administer the oath, witness you signing your form, and collect your passport fee.
5. Track application status online at Passportstatus.state.gov.
6. Receive new passport and original supporting documents (that you submitted with your application).

SECTION C. HOW TO COMPLETE THIS FORM

Please see the instructions below for items on the form that are not self-explanatory. The numbers match the numbered items of the form.

1. **Name (Last, First, Middle):** Enter the name to appear in the passport. The name to appear in the passport should be consistent with your proof of citizenship and identification. If you have changed your name and are not eligible to use a DS-82 or DS-504, you must use this form. Visit travel.state.gov/namechange for more information.
2. **Date of Birth:** Use the following format: Month, Date, and Year (MM/DD/YYYY).
3. **Gender:** The gender markers used are "M" (male), "F" (female) and "X" (unspecified or another gender identity). The gender marker that you check on this form will appear in your passport regardless of the gender marker(s) on your previous passport and/or your supporting evidence of citizenship and identity. If changing your gender marker from what was printed on your previous passport, select "Yes" in this field on Application Page 1. If no gender marker is selected, we may print the gender as listed on your supporting evidence or contact you for more information. **Please Note:** We cannot guarantee that other countries you visit or travel through will recognize the gender marker on your passport. Visit travel.state.gov/gender for more information.
4. **Place of Birth:** Enter the name of the city and state if in the U.S. or city and country as presently known.
5. **Social Security Number:** You must provide a Social Security number (SSN), if you have been issued one, in accordance with Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) and 22 U.S.C. 2714a(f). If you do not have a Social Security number, you must enter zeros in this field and submit a statement, signed, and dated, that includes the phrase, "I declare under penalty of perjury under the laws of the United States of America that the following is true and correct: I have never been issued a Social Security Number by the Social Security Administration." If you reside abroad, you must also provide the name of the foreign country where you reside. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of the Treasury which will use it in connection with debt collection and check against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses. If you fail to provide the information, we may deny your application and the Internal Revenue Service (IRS) may enforce a penalty. Refer all questions on this matter to the nearest IRS office.
6. **Email:** By providing your email you are consenting to us communicating with you by email about your application.
7. **Primary Contact Phone Number:** If providing a mobile/cell phone number you are consenting to receive calls and/or text messaging about your application.
8. **Mailing Address Line 1 and 2 "In Care Of":** For line 1 enter applicant's Street/RFD #, or P.O. Box or URB. For line 2, if you do not live at the address listed in this field, put the name of the person who lives at this address and mark it "In Care Of." If the applicant is a minor child, you must include the "In Care Of" name of the parent or adult registered to receive mail at this address.
9. **List all other names you have used:** Enter all legal names previously used to include maiden name, name changes, and previous married names. You can enter up to two names one in item A and one in item B. If only your last name has changed just enter your last name. If you need more space to write additional names, please use a separate sheet of paper and attach it to this form.

⚠ **Site Selection Application Page 1 - Identifying Documents and Signature Blocks:** Skip this section and complete Application Page 2. Do not sign this form until requested to do so by the authorized agent who will administer the oath to you.



U.S. Department of State
APPLICATION FOR A U.S. PASSPORT

OMB Control No. 1405-0004
Expiration Date: 04/30/2025
Estimated Burden: 85 Minutes

Use black ink only. If you make an error, complete a new form. Do not correct.

Select document type(s) for which you are submitting fees:

- U.S. Passport Book U.S. Passport Card Both
The U.S. passport card is not valid for international air travel. See Instruction Page 3.
 Regular Book (Standard) Large Book (Non-Standard)
The large book is for frequent international travelers who need more visa pages.

1. Name Last D O S NFR
First Middle End # Exp.
2. Date of Birth (mm/dd/yyyy) 3. Gender (Read Instruction Page 1) 4. Place of Birth (City & State if in the U.S. or City & Country as it is presently known.)
M. F. X. Changing gender marker? Yes No
5. Social Security Number 6. Email (See application status at passportstatus.state.gov) 7. Primary Contact Phone Number

8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB
Address Line 2: (Include Apartment, Suite, etc. If applicant is a child, write "In Care Of" of the parent. Example: In Care Of - Jane Doe)
City State Zip Code Country, (if outside the United States)

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)
A B

STOP! CONTINUE TO PAGE 2
DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Second Signature Line (if identifying minor)

Driver's License State Issued ID Card Passport Military Other

Issue Date (mm/dd/yyyy) Exp. Date (mm/dd/yyyy) State of Issuance

ID No Country of Issuance

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Third Signature Line (if identifying minor)

Driver's License State Issued ID Card Passport Military Other

Name

Issue Date (mm/dd/yyyy) Exp. Date (mm/dd/yyyy) State of Issuance

ID No Country of Issuance

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

Signature of person authorized to accept applications Date

By signing this form, I certify that I have provided the verbal oath and witnessed the applicant's/legal guardian's signature.

Agent ID Number

Print Facility Name/Location Facility ID Number

Name of courier company (if applicable)

Applicant's Legal Signature - age 16 and older

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Name of Applicant (Last, First, & Middle) _____ **Date of Birth (mm/dd/yyyy)** _____

10. Parental Information
 Mother/Father/Parent - First & Middle Name (at Parent's Birth) _____ Last Name (at Parent's Birth) _____
 Date of Birth (mm/dd/yyyy) _____ Place of Birth (City & State if in the U.S. or City & Country as it is presently known) _____ Gender M F X U.S. Citizen? Yes No
 Mother/Father/Parent - First & Middle Name (at Parent's Birth) _____ Last Name (at Parent's Birth) _____
 Date of Birth (mm/dd/yyyy) _____ Place of Birth (City & State if in the U.S. or City & Country as it is presently known) _____ Gender M F X U.S. Citizen? Yes No

11. Have you ever been married? Yes No *If yes, complete the remaining items in #11.*
 Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle) _____ Date of Birth (mm/dd/yyyy) _____ Place _____
 U.S. Citizen? Yes No Date of Marriage (mm/dd/yyyy) _____ Have you ever been widowed or divorced? Yes No Widow/Divorce Date (mm/dd/yyyy) _____

12. Additional Contact Phone Number _____ **13. Occupation (if age 16 or older)** _____ **14. Employer or School (if applicable)** _____
 Home Work Cell

15. Height _____ **16. Hair Color** _____ **17. Eye Color** _____ **18. Travel Plans (if no travel plans, please write "none")**
 Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be Visited _____

19. Permanent Address (Complete if P.O. Box is listed under Mailing Address or Residence is different from Mailing Address. Do not list a P.O. Box.)
 Street/RFD # or URB _____ Apartment/Unit _____
 City _____ State _____ Zip Code _____

20. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)
 Name _____ Address: Street/RFD # or P.O. Box _____ Apartment/Unit _____
 City _____ State _____ Zip Code _____ Phone Number _____ Relationship _____

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No *If yes, complete the remaining items in #21.*
 Name as printed on your most recent passport book _____ Most recent passport book number _____ Most recent passport book issue date (mm/dd/yyyy) _____
 Status of your most recent passport book: Submitting with application Stolen Lost In my possession (if expired)
 Name as printed on your most recent passport card _____ Most recent passport card number _____ Most recent passport card issue date (mm/dd/yyyy) _____
 Status of your most recent passport card: Submitting with application Stolen Lost In my possession (if expired)

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence _____

Birth Certificate SR CR City Filed: _____ Issued: _____ Sole Parent
 Nat. / Citiz. Cert. USCIS USCDC Date/Place Acquired: _____ A# _____
 Report of Birth Filed/Place: _____
 Passport C/R S/R See #21 #/DOI: _____
 Other: _____
 Attached: _____

PIC of Citiz PIC of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citiz WS



FOR PRESENTATION USE ONLY
 SEE LINKS ON SLIDE 2 or 40
 for printed documents



APPLICATION FOR A U.S. PASSPORT FOR ELIGIBLE INDIVIDUALS
CORRECTION, NAME CHANGE TO PASSPORT ISSUED 1 YEAR AGO OR LESS, AND LIMITED PASSPORT REPLACEMENT

Use black ink only. If you make an error, complete a new form. Do not correct.

Select document(s) for which you are applying:

U.S. Passport Book U.S. Passport Card Both

The U.S. passport card is not valid for international air travel. (See Instruction Page 3)

Regular Book (Standard) Large Book (Non-Standard)

The large book is for frequent travelers who need more visa pages.

1. Name Last

First Middle

2. Date of Birth (mm/dd/yyyy)

3. Gender (Read Instruction Page 2) 4

M F X Changing gender marker?

Yes

Place of Birth (City & State if in the U.S., or City & Country as it is presently known)

D

O

S

NFR

End. #

Exp.

5. Social Security Number

6. Email (Use only primary email address of passport/status.state.gov)

7. Primary Contact Phone Number

8. Mailing Address Line 1: (Street/RFD#, PO Box, or URB)

Address Line 2: (Include Apartment, Suite, etc. If applicant is a child, write "in Care Of" the parent. Example: In Care Of - Jane Doe)

City

State

Zip Code

Country (if outside the United States)

9. List all other names you have used. (Example: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

10. U.S. Passport Information

Your name as printed on your most recent U.S. passport book and/or passport card

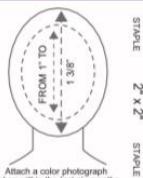
Most recent U.S. passport book number

Book Issue Date (mm/dd/yyyy)

Most recent U.S. passport card number

Card Issue Date (mm/dd/yyyy)

STAPLE
2" X 2"
STAPLE



Attach a color photograph taken within the last six months

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW THEN COMPLETE PAGE 2

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on this application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

X Applicant's Legal Signature - age 16 and older

Date

X Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

FOR ISSUING OFFICE ONLY

Name Change Replacement Correction: L:Name F:Name M:Name DOB Gender POB Other

From:

To:

BC Nat/CitZ Cert Report of Birth Prev PPT MC Adoption C/O NC C/O ACQR Other

Filed/Issued/Place:

Doc #:

Other:

Attached:

EF

Postage

Other



DS 5504 C 03 2022 1

Name of Applicant (Last, First & Middle)			Date of Birth (mm/dd/yyyy)	
11. Height	12. Hair Color	13. Eye Color	14. Occupation (if age 16 or older)	15. Employer or School (if applicable)
16. Additional Contact Phone Numbers				
Home Work		Home Work		Call
17. Permanent Address: (Complete if PO Box is listed in Mailing Address or if residence is different from Mailing Address. Do not list a PO Box.)				
Street/RFD # or URB			Apartment/Unit	
City		State	Zip Code	
18. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)				
Name		Address: Street/RFD # or PO Box		Apartment/Unit
City		State	Zip Code	Relationship to Applicant
19. Travel Plans (If no travel plans, please write "none")				
Departure Date (mm/dd/yyyy)		Return Date (mm/dd/yyyy)		Countries to be visited
Please complete the following questions				
20. Has your name changed by marriage or court order less than one year after your U.S. passport book and/or card was issued?				
Yes		No		
Name Last		Name First Middle		
21. If yes, and your submitted passport book and/or card is less than one year old, please complete this section with your new name.				
Note: You must submit evidence documenting your name change (such as a certified marriage certificate or a certified court order) and your current U.S. passport book and/or card, along with this completed form to the address listed on Instruction Page 3.				
If you cannot or did not meet the above criteria, please complete form DS-82, U.S. Passport Renewal Application for Eligible Individuals or form DS-11, Application for a U.S. Passport.				
22. Was your identifying information printed incorrectly in your U.S. passport book and/or card?		Name Last		
Yes		No		
First		Middle		
Date of Birth (mm/dd/yyyy)		Gender M F X		
Place of Birth (State or Country)				
Note: Please submit evidence documenting your correct identifying information (such as a certified marriage certificate or birth certificate, if applicable) and your current U.S. passport book and/or card, along with this completed form to the address listed on Instruction Page 3. Visit travel.state.gov for information on gender markers.				
23. Was your most recent U.S. passport book limited for two years or less?		Note: To complete a limited U.S. passport book replacement, your submitted U.S. passport book must not be expired. Passport books limited in validity because of multiple losses, damages, or mutilations cannot be extended.		
Yes		No		
Please be sure to enclose your U.S. passport book along with this application to the address listed on Instruction Page 3.				
If yes, please submit evidence of your U.S. citizenship (such as U.S. birth certificate or naturalization certificate) and/or evidence of your identity (such as a driver's license or state-issued ID card).				
		DS 5504 C 03 2022 2		



U.S. Department of State
U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

OMB Control No. 1405-0020
Expiration Date: 04/03/2025
Estimated Burden: 40 Minutes

Use **black ink** only. If you make an error, complete a new form. Do not correct.

Select document(s) for which you are applying:
 U.S. Passport Book U.S. Passport Card Both
The U.S. passport card is not valid for international air travel. (See instruction page 3.)
 Regular Book (Standard) Large Book (Non-Standard)
The large book is for frequent international travelers who need more visa pages.

1. Name (Last (Your name must match previous passport or name change document))
 First _____ Middle _____ End. # D O S NFR Exp. _____

2. Date of Birth (mm/dd/yyyy) _____ 3. Gender (Read Instruction Page 2)
 M F X Changing gender marker? Yes _____
Yes

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known)

5. Social Security Number _____ 6. Email (enter applicant's status at passportstatus.state.gov) _____ 7. Primary Contact Phone Number _____

8. Mailing Address Line 1: (Street/RFD#, P.O. Box, or URB) _____
 Address Line 2: (Include Apartment, Suite, In Care Of or Attention if applicable.) _____
 City _____ State _____ Zip Code _____ Country (if outside the United States) _____

9. List all other names you have used. (Example: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)
 A. _____
 B. _____

10. U.S. Passport Information
 Your name as printed on your most recent U.S. passport book and/or passport card
 Most recent U.S. passport book number _____ Book Issue date (mm/dd/yyyy) _____
 Most recent U.S. passport card number _____ Card Issue date (mm/dd/yyyy) _____

11. Name Change Information Complete if name is different than last U.S. passport book or passport card
 Changed by Marriage Place of Name Change (City/State) _____ Date (mm/dd/yyyy) _____
 Changed by Court Order _____
Please submit a certified copy.

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW
THEN COMPLETE PAGE 2

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

x _____ Applicant's Legal Signature _____ Date _____

FOR ISSUING OFFICE ONLY PPT BK CIR PPT BK SRP PPT CD CIR PPT CD SRP

Marriage Certificate Date of Marriage/Place Issued: _____
 Court Order Date Filed/Court: _____
 From: _____
 To: _____
 Other: _____
 Attached: _____

For Issuing Office Only → Bk Fee Cd Fee EF Postage Other DS 82 C 03 2022 1

Name of Applicant (Last, First & Middle) _____ Date of Birth (mm/dd/yyyy) _____

12. Height _____ 13. Hair Color _____ 14. Eye Color _____ 15. Occupation _____ 16. Employer or School (if applicable) _____

17. Additional Contact Phone Numbers
 Home Cell _____
 Work _____

18. Permanent Address: (Complete if PO Box is listed in Mailing Address or if residence is different from Mailing Address. Do not list a PO Box.)
 Street/RFD # or URB _____ Apartment/Unit _____
 City _____ State _____ Zip Code _____

19. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)
 Name _____ Address: Street/RFD # or PO Box _____ Apartment/Unit _____
 City _____ State _____ Zip Code _____ Phone Number _____ Relationship to Applicant _____

20. Travel Plans (If no travel plans, please write "none")
 Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be visited _____

STOP!
PLEASE BE SURE TO:

1. Print form on two separate pages
2. Sign and date on Application Page 1
3. Submit both pages (see Instruction Page 3)

DS-82 04-2022

DS 82 C 03 2022 2

Birth Certificate - Gender Marker Change (for those born in MI)

- To change the gender marker on your birth certificate in Michigan you now only have to complete the
 - Application to Correct or Change a Michigan Birth Record
 - State of Michigan Sex Designation Form
 - As of June 2021, no medical affidavit is required, just an affirmation that it is to reflect identity and not for fraudulent purposes
 - This form includes M, F, and X options
 - Parents must sign for minors, and both parents and minors must sign if the minor is over 15
- Requests for changes to MI birth certificates can be made by

Mailing the paperwork and payment to	Submitting the paperwork and payment in person at the Vital Records Office
Vital Records Changes P.O. Box 30721 Lansing, MI 48909	333 S Grand Avenue 1st floor Lansing, MI 48933

APPLICATION TO CORRECT OR CHANGE A MICHIGAN BIRTH RECORD

Michigan Department of Health and Human Services

For additional information:
 517-335-8660
 www.Michigan.gov/VitalRecords

MAIL APPLICATION AND PROPER FEE TO:
 Vital Records Changes
 P.O. Box 30721
 Lansing MI 48909

APPLICANT	(PERSON REQUESTING CHANGE OR CORRECTION)	PLEASE PRINT CLEARLY AND LEGIBLY
Applicant's Name:		
Address: (Cannot send to General Delivery)		City/State: Zip:
Daytime Phone Required: ()		Notifications by email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:		

To protect from identity theft, PHOTO IDENTIFICATION must be presented along with this application. (See back for details)

ELIGIBILITY (Please check which category makes you eligible to request this change or correction)

To be eligible to correct or change a birth record, you must be the person named on the record and at least 18 years old, a parent named on the record, or a court-appointed legal guardian or legally licensed representative of the person named on the record. Legal guardians must include a copy of the court guardianship documents. Legally licensed representatives must provide information on official letterhead, documenting that he/she represents the person named on the record and provide their state bar license number, along with client's identification.

- | | |
|---|--|
| <input type="checkbox"/> Person named on the record
(Must be at least 18 years old or legally emancipated) | <input type="checkbox"/> Legal guardian of the person named on the record |
| <input type="checkbox"/> Parent named on the record | <input type="checkbox"/> Legally licensed representative of the person named on the record |

TYPE OF CHANGE OR CORRECTION REQUESTED (Please indicate below which type of change or correction you are requesting)

- Correct birth record information for a person under the age of 1 (one)
- Correct birth record information for a person age 1-5 (one to five)
- Correct birth record information for a person over the age of 6 (six)
- Court-ordered legal name change (court order required)
- Name change for parents who have married after the birth (marriage record required)
- Remove a person who is not the biological parent/father (court order required)

There is a separate application if you need to add a parent/father's name to a birth record when there is no parent/father currently named on the record.

INFORMATION NEEDED TO LOCATE BIRTH RECORD TO BE CHANGED If any birth information is unknown, please indicate unknown

NAME AT BIRTH				STATE FILE NUMBER (If known)			
First	Middle	Last					
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female				DATE OF BIRTH (mm/dd/yyyy)			

IF THE PERSON ON RECORD IS ADOPTED OR HAS HAD A LEGAL NAME CHANGE (OTHER THAN MARRIAGE) PLEASE INDICATE THAT NAME HERE

	First	Middle	Last		First	Middle	Last
--	-------	--------	------	--	-------	--------	------

PLACE OF BIRTH				PARENT/FATHER'S NAME BEFORE FIRST MARRIED			
Hospital	City	County		First	Middle	Last	

SEE BACK FOR CURRENT FEES, PHOTO ID REQUIREMENTS AND PROCESSING TIMES

CHANGES REQUESTED: ITEM IN ERROR	INFORMATION AS IT SHOULD APPEAR

SIGNATURE(S) REQUIRED TO PROCESS APPLICATION. When two parents are named on the record, both parents' signatures and current, valid photo identification are required to correct, add or change a child's name, unless a court order of legal name change is supplied.

Signature of Person Requesting Change	Date
Other Signature	Date

REQUIRED DOCUMENTATION

Changes or corrections to birth records that can be made by this office are limited by law and are subject to very specific supporting documentation. In general, you must include with this application, at least two (2) pieces of dated documentary evidence. To change any part of the name requires two documents dated close to the time of birth. (Exception: Only one document dated five years ago is required to correct the spelling of the first or middle name of the person named on the record). If you are requesting that the name on the record be changed due to a legal name change, only the court order is needed for documentation. If you need more information or have questions, you may call our Changes Unit direct at 517-335-8660.

PAYMENT - The fee for correcting or changing a Michigan birth record is \$50.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$16.00 each when ordered at the same time. Payment must be by check or money order and made payable to the "State of Michigan."

PROCESSING TIME - Normal processing time for all changes or corrections will be 5-6 weeks from the date all documentation, payments and photo ID are received in the State Vital Records Office. Two-three week rush processing is available for an additional fee.

Application Fee (Non-Refundable)	\$50.00	\$ 0.00
Fee includes one (1) certified copy of the record		
Additional Certified Copies	\$16.00 Each	\$
Rush Fee	\$25.00	\$
TOTAL ENCLOSED		\$

PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan birth record may be fined and/or imprisoned pursuant to MCL 333.2894 (7)(b) and (c).

For Accounting Use Only

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Note: Applications sent to the Vital Records post office box with an overnight delivery are not received in Vital Records for three (3) days.

PHOTO ID REQUIREMENTS FOR CHANGING OR CORRECTING A MICHIGAN BIRTH RECORD

Please Send Photocopies - Not Original Documents

Under Michigan law, birth records are restricted documents. To request a birth record, a current valid, government issued identification is required to establish eligibility (except for an unrestricted birth record that is at least 100 years old). To protect from identity theft, a copy of the applicant's government issued identification must be presented along with the application and fees.

- Tier 1 Documentation** that establishes identity by itself.
- ✓ U.S. or Foreign Passport
 - ✓ U.S. Passport Card
 - ✓ U.S. or U.S. Territories Driver's License or Identification Card
 - ✓ U.S. Military Identification Card with both picture and signature
 - ✓ Other U.S. or U.S. Territories issued document that meets the following criteria: Document must be unexpired. Document must contain a photograph and at least the following information: name, date of birth, date of expiration, signature, and address.

--OR (If you do not have a document from Tier 1)

- Tier 2 Documentation** must include all documentation in one of the categories below:
- ✓ Any of the documents in Tier 1 that expired within the past 5 years and any one document from Tier 3 issued within the past year.
 - ✓ Employment identification with photo, accompanied with a pay stub or W-2 form issued within the past year.
 - ✓ Student identification with photo, accompanied by a current report card or other proof of current school enrollment. Both documents must be for the same institution.
 - ✓ Department of Corrections identification card accompanied by probation or discharge papers issued within the past year.
 - ✓ If an inmate is currently incarcerated, a Department of Corrections identification card, accompanied by a verification of incarceration issued within the past year.

--OR (If you do not have documents from Tier 1 or 2)

- Tier 3 Documentation** must include at least three alternative documents of different types from the list below, one must have been issued within the past year:
- ✓ Any of the documents in Tier 1 expired more than 5 years.
 - ✓ Social Security Card (must be signed)
 - ✓ Marriage or Divorce certificate
 - ✓ Your child's birth certificate
 - ✓ IRS form W-2
 - ✓ Paycheck stub
 - ✓ Bank statement
 - ✓ Voter registration
 - ✓ Motor vehicle registration
 - ✓ Health insurance card
 - ✓ Utility Bill
 - ✓ Doctor/hospital/dentist bill
 - ✓ Religious/community organization documents, baptismal certificate
 - ✓ Military DD-214 discharge paper or equivalent
 - ✓ School records
 - ✓ Letter/benefit statement from a government agency, like SSA or IRS
 - ✓ Land or rental agreement
 - ✓ Military ID with either a picture or signature.
 - ✓ Other documents that establish identity to a degree equivalent to those listed above.



PRINT

CLEAR

Michigan Secretary of State Sex Designation Form

Note: Only forms with original signatures are accepted. Faxed or photocopied forms will be rejected. This form only applies to the sex designation on your Michigan driver's license or state identification card. It doesn't affect any other municipal, state or federal identification. This form is not a name-change document. To have your name legally changed on your driver's license or state ID card, you must visit a Secretary of State office and present name-change documentation, such as a marriage license or court order. Visit Michigan.gov/SOS for more information.

A. Applicant information

(Enter the following information as it appears on your driver's license or state ID card)

Last name	First name	Middle name	Suffix
Street	Apt. #	City	State MI
Driver's license or state ID card number	Date of birth (mm/dd/yyyy)	ZIP code	

B. Sex designation statement

I, _____, request that the sex designation on my driver's license or state ID card read:

(Enter your name as shown on your driver's license or state ID card.)

Female (F) Male (M) Nonbinary (X)

C. Automatic voter registration

To be eligible to register to vote, you must be a United States citizen, at least 17.5 years old (18 years old when you vote), a Michigan resident (at the time you register) and a resident of your city or township for at least 30 days (when you vote).

Note: We will register you to vote unless you check the box below.

Do not use my information for voter registration.

The sex designation information on this form won't be shared. Some voter registration information, however, is public.

D. Validation

I hereby swear, under penalty of perjury, that this request to change the sex designation on my Michigan driver's license or state ID card (as selected in Section B) is to ensure that my driver's license or state ID card accurately reflects my identity and is not for fraudulent or other illegal purposes. I understand that if I have provided false information to apply to register to vote, I may be subject to federal or state criminal penalties.

Applicant signature: _____ Date: _____

Birth Certificate - Gender Marker Change (for those born in MI)

- Changing your gender marker on your birth certificate more than once requires a court order. If that is something you need to do, here is the process for that:
 - File a motion on the previous name change case (if you have already gone through the name change process)
 - Request a “motion for hearing” form with your local judicial circuit court.
 - After completing the form, pay the \$20 filing fee and either file online, via mail, or in person
 - If your original name change case was ex parte (before a judge) they don't require you to have another court date for the gender marker change. The judge will simply sign the motion and you'll receive it via email within a few business days. If the original case was not ex parte, then you'll have to schedule a new court date in order for the motion to have the gender marker change to be heard and approved.

Driver's License/State ID - Gender Marker

- To change the gender marker on your driver's license/state ID in Michigan you now only have to complete the Michigan Secretary of State Sex Designation Form
 - No medical affidavit is required, just an affirmation that it is to reflect identity and not for fraudulent purposes
 - This form includes M, F, and X options
 - To fill this out online and print it: https://www.michigan.gov/documents/sos/MDOS_Sex_designation_form_740954_7.pdf
- Alternatively, you can change your gender at the SSA and SoS by showing them a passport with your new gender marker
- There is a nominal \$20 fee
- This will automatically create a new Voter Registration Card

Passport - Gender Marker

- New policy as of June 2021: no need for medical certification to change gender anymore, can self-certify and just choose a gender marker
- As of April 2022 and the end of 2023: X marker passport books and passport cards are now available with routine and expedited service. Download the pdf and fill it out by hand - they are still updating their web forms. Hopefully soon, you will also be able to select an X marker for:
 - Emergency passports from embassies and consulates (?)
 - Consular Reports of Birth Abroad
- If applying for a first passport, or if you already have a full-validity passport, use Form DS-11 (along with required documents) and apply in person
- If you had a limited-validity passport under the old gender policy, and want to update it to a full-validity passport, use Form DS-5504 instead (this is more rare)

Places to Update Gender

- You may wish to update your gender in many of the same places where you would update your name, listed on an earlier slide
- Often easier than changing your name, but occasionally an agency will require a higher degree of proof, such as a copy of your birth certificate with the new gender marker
 - Students: Michigan State Board of Education guidance since 2016 is that school records should reflect gender identity regardless of what is on the birth certificate
- Changing your gender marker may affect insurance coverage for specific procedures you still need, such as pap smears or prostate exams, but medical providers have workarounds for this - using override codes or “administrative sex”
- In general, over the past decade of the trans liberation movement, processes for updating one’s gender have gradually become simpler in many places, while the process for updating one’s legal name has not changed significantly

Impact on Selective Services

- People who were assigned female at birth are not required to register with the Selective Service regardless of their current gender or transition status.
- However when a person assigned female at birth is applying for federal financial aid, grants, and loans as a man, they may be asked to prove that they are exempt.
- To request a Status Information Letter (SIL) that shows you are exempt, you can either download an SIL request form from the Selective Service website (<https://www.sss.gov/verify/>) or call them at 1-888-655-1825. Applying for a Status Information Letter is free of charge.
- People who were assigned male at birth are required to register with the Selective Service within thirty days of their eighteenth birthday. This includes those who may have transitioned before or since. According to the Selective Service website, "In the event of a resumption of the draft, individuals born male who have changed their gender to female can file a claim for an exemption from military service if they receive an order to report for examination or induction."

Impact on Selective Services

- People who are assigned male at birth and who are required to register are also required to inform the Selective Service of any legal name change or change in other record information such as address up until your twenty-sixth birthday. This does not include change of gender as the Selective Service policy is entirely based on birth-assigned sex. For trans women and others who were assigned male at birth and have registered with the Selective Service, notification of a name change is legally required within ten days.
- To update your records, fill out the Change Of Information Form attached to the Registration Acknowledgement Card with your new name. Alternatively, you can fill out a Change of Information Form called SSS Form 2, which you can obtain at any United States Post Office or U.S. Embassy or Consulate abroad. You may also change your information with the Selective Service by letter. In the letter, include your full name, Social Security Number, Selective Service Number, date of birth, current mailing address and new name. With any of these three methods, you must attach official documentation of your name change and mail it to the Selective Service. Updates take four to six weeks, after which you will be mailed a new acknowledgement card.

Request for Status Information Letter

This is a fillable form. Please type in ALL CAPS before printing, or PRINT clearly using BLACK INK

Before you fill out and submit this form, please check to verify your registration status with the Selective Service System at <https://www.sss.gov>. If you cannot check or verify your registration online and you are not claiming an exemption, or if you have already received a Status Information Letter (SIL) from us in the past, please call (888) 655-1825.

Please check each item. You should only submit this form if the following are true:

- You have passed your 26th birthday
- You have verified that you are in fact "NOT REGISTERED"
- You were born after December 31, 1959
- You are claiming that you were exempt from the requirement to register
- You were born male or you are transgender (born female)
- You have not received a Status Information Letter from us in the past

YOU MUST PROVIDE AT LEAST ONE RESPONSE to each of the seven (7) Sections below. We cannot process your letter until we receive the required information and documents. Never send originals. KEEP A COPY of this form and any documents or correspondence you send to us.

SECTION 1 - GENERAL INFORMATION

Type or Print Clearly (ALL CAPS) - Must be Readable.

Full Legal Name: _____
First Name Middle Name Last Name(s)

List any other names used (Include multiple last names): _____

Social Security Number: _____ Date of Birth: _____
Month / Day / Year

Current Mailing Address: _____

City State Zip Code

Daytime Telephone Number: _____

Email Address: _____

What is your reason for this SIL?

Financial Aid Citizenship Employment Security Clearance Other _____

List each City & State (Country if overseas) where you lived between your 18th and 26th birthdays.
Use a separate sheet if needed:

SECTION 2 - MILITARY

If you served in the U.S. military, attach your proof of military service, such as a copy of your DD Form 214, NGB Form 22, DD Form 4 (if still on active duty), etc. If you attended a service academy or military school, provide a letter from the school or a transcript showing the dates.

To obtain proof of military service (DD Form 214, Official Military Personnel File), visit this website [Proof of military service \(DD Form 214, Official Military Personnel File\)](#).

Have you ever served in the U.S. military or attended a military service academy/school?

Yes (Please Continue) No (SKIP to Section 3)

US Army US Navy US Marine Corps US Air Force US Coast Guard

List dates of active duty service: _____ to _____

List dates of reserve duty service: _____ to _____

Did you attend a military service academy?

- The United States Military Academy (USMA)
- The United States Naval Academy (USNA)
- The United States Air Force Academy (USAF)
- The United States Coast Guard Academy (USCGA)

List dates of attendance: _____ to _____

Were you enrolled in an officer procurement program at a military school or university?

- The Citadel
- University of North Georgia
- Norwich University
- Virginia Military Institute
- Texas A&M
- University of Virginia Polytechnic and State University

List dates of attendance: _____ to _____

SECTION 3 - INCARCERATED / INSTITUTIONALIZED / HOSPITALIZED

Please attach proof if you were CONTINUOUSLY incarcerated, institutionalized, hospitalized, or home confined for the entire period from your 18th through 26th birthdays. If you were released, escaped, or otherwise out of custody for 30 days or more, you do not need to complete this form. Call us at (888) 655-1825.

Were you CONTINUOUSLY incarcerated, institutionalized, hospitalized, or home confined for the entire period of time between your 18th and 26th birthdays?

Yes (Please Continue) No (SKIP to Section 4)

Please indicate the type of confinement and provide start and release dates. (Attach separate sheet if necessary)

Institutionalized Incarcerated Hospitalized Home Confined

to _____ to _____ to _____

to _____ to _____ to _____

SECTION 4 - TRANSGENDER

The Military Selective Service Act, including the requirement to register, applies to all individuals who were designated male at birth. If you were born female and have transitioned to male, you must provide a copy of your female birth certificate (or medical documentation to show that a transition has taken place) and legal documentation to show any changes to your name.

My sex at birth was:

Male Female (I have or will transition to male)

into your country. If you remained in the US and requested a change of status, send a copy of the approved "Notice of Action" you received from USCIS.

You must include any times that you entered the United States illegally or without inspection, (no documentation is necessary). Likewise, you must list any times when you violated the terms of your visa, overstayed your visa, or for any other reason became an undocumented immigrant.

You should provide as much information as possible. We will use the information you send to determine your registration status. For a list of acceptable documents, please see our [List of acceptable documents](#).

Please list your immigration history showing all arrivals, departures and other changes in status, starting with the date of arrival that first put you in the United States between your 18th and 26th birthdays and continuing until you were past your 26th birthday. Use a separate sheet if necessary.

_____ Arrival / Start Date	_____ Good Until Date	_____ Departure / End Date	_____ USCIS Status
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_____ Arrival / Start Date	_____ Good Until Date	_____ Departure / End Date	_____ USCIS Status
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_____ Arrival / Start Date	_____ Good Until Date	_____ Departure / End Date	_____ USCIS Status
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SECTION 6 - REASON FOR FAILURE TO REGISTER BEFORE AGE 26

Provide a written explanation for not registering with the Selective Service System. If you believe you did register, please provide a detailed explanation in the space provided below stating when, where, and how you registered. Include all addresses you may have used at that time.

SECTION 7 - YOUR SIGNATURE

Sign, date, and return this form to the address listed below with copies of ALL supporting documents showing proof of your claim. You may include any other supporting information you would like us to consider. IMPORTANT: Do not send original documents. The Selective Service System may not return original documents. You should retain a copy of all documents and correspondence submitted.

_____ Signature	_____ Month / Day / Year
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Selective Service System
ATTN: SIL
PO Box 94638
Palatine, IL 60094-4638

HELPFUL INFORMATION

- Please print this form. This form cannot be submitted online. Please type all requested information on the form before printing. ATTACH A COPY of all supporting documentation (**DO NOT submit originals**), and mail them to the address provided.
- This form is for use only by men born after December 31, 1959, who are not registered and are now 26 years and older or transgender who were born females.
- This form is not a registration form. Submitting this form will not register you with the Selective Service System.
- We will issue a Status Information Letter based on the information you provide. KEEP the original copy in your permanent files for future reference.
- If you are denied a right, benefit, or privilege because you are not registered, submit a copy of your Status Information Letter from the Selective Service System, and a separate letter in which you explain, to the best of your ability, the reasons for your failure to register to the agency administering the right, benefit, or privilege. That agency, NOT the Selective Service System, will make the final determination regarding your eligibility. The Selective Service System does not approve, disapprove, or make any recommendations to determine your eligibility for any right, benefit, or privilege you are seeking.
- Immigrant men over the age of 31 who are seeking naturalization and who did not register are no longer required to provide a "status information letter" or documentation of their status from the Selective Service System to USCIS. If asked for a status information letter, these men may print a form letter concerning their request for a letter for use with USCIS from <http://www.sss.gov>.



FREE NAME CHANGE

Apply for GNA's Name
Change Grant

APPLY HERE:



Required (will not move forward with application without these):

- Name Change is for purposes of gender affirmation
- Must be a resident of Michigan
- Must have resided in current Michigan county for 12 months or more

Other Assessment Points:

- Measuring access to money and affordability of Name Change, prioritizing those with lower access to resources and this process is unaffordable.

Sources

Forms are online for free <https://www.courts.mi.gov/SCAO/>

Get free step-by-step help completing forms at <https://michiganlegalhelp.org/>

Free program to fill out forms for you: <https://transpapers.lgbt/>

Gender - Identity Network Alliance (GNA)

Queer Legal Project

Grand Rapids Trans Foundation

National Center for Transgender Equality (NCTE)

TransLifeline.org

ACLU, Fair Michigan, and Dykema

TransEquality.org

Wayne, Oakland, and Ingham
County Court websites

legislature.mi.gov

michigan.gov

Michigan Secretary of State

DMV.org

travel.state.gov

sss.gov

Contact - Please Reach Out with Questions!

Brenden Bell (he/him/his)

Care Manager at Affirmations

care@goaffirmations.org

313.230.4773



AFFIRMATIONS
LGBTQ+ COMMUNITY CENTER