

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	REQUEST FOR COPY OF NAME CHANGE ORDER	FILE NO.
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In the matter of: _____ CHANGED TO _____
 Birth Name _____ New Name _____

I state that I am the: individual listed above whose name was changed the petitioner for the minor child listed above and hereby request a certified copy (\$12.00 per copy) copy (\$2.00 per copy) of the order entered changing the name of the individual listed above for the following purpose: _____

The date of the hearing was: _____.

Date: _____

Signature _____

Name (Type or Print) _____

Address _____

City, state, zip _____

Telephone _____

If this request is being mailed to the Court, a self-addressed stamped envelope must accompany this request form along with a copy of the photo id and a check or money order for the fees. Your signature must also be notarized.

VERIFICATION BY NOTARY

I hereby state that I have verified the identity of the person making this request and have included a photocopy of the photo id used to make said verification.

Date: _____

_____, Notary Public
 _____ County, Michigan
 My Commission expires: _____

Notary: Please copy the photo id used to verify the identity of the person signing this form onto the back of the form.

Do not write below this line – For court use only

Received by: _____
 Total cost of copies: \$_____
 Copy mailed: _____