STATE OF MICHIGAN PROBATE COURT COUNTY	MOTION AND ORDER FOR DELAYED REGISTRATION OF FOREIGN BIRTH	FILE NO.

In the matter of _____ DOB: _____
Full name of child

MOTION

1. On _____ at _____ my spouse and I adopted
Date Location
the child named above. A copy of the adoption order is attached.
☐ A copy of the child's birth certificate is attached.

☐ 2. The date and place of birth of the adoptee cannot be determined.

☐ 3. The recorded date of birth of the adoptee differs from the date of birth determined by a medical assessment of the adoptee. A copy of the assessment is attached.

I REQUEST:

☐ 4. The court to file with the Michigan Department of Community Health the attached delayed registration of foreign birth established by court order and the name of the child be recorded as _____ .
New name of child

☐ 5. The court to determine the date and place of birth of the adoptee.

Date	Date
Signature of petitioner mother	Signature of petitioner father
Name of petitioner (type or print)	Name of petitioner (type or print)
Address	Address
City, state, zip Telephone no.	City, state, zip Telephone no.

ORDER

IT IS ORDERED:

6. The motion is granted and the probate court shall cause the delayed registration of foreign birth established by court order to be filed with the Michigan Department of Community Health.

☐ 7. The date of birth of the child is determined to be _____ .

☐ 8. The place of birth of the child is determined to be _____ .

Date	Judge Bar no.

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