# THE CIRCUIT COURT FOR THE THIRD JUDICIAL CIRCUIT OF MICHIGAN FAMILY DIVISION - JUVENILE 

## Request for Original Birth Certificate

According to 710.68(9) of the Michigan Adoption Code "...The clearance reply form may be used by the adult adoptee to obtain his or her original certificate of live birth pursuant to section 2882 of the public health code, Act No. 368 of the Public Acts of 198, being section 333.2882 of the Michigan Compiled Laws." This applies to all adoptions in which the parents' rights were terminated before May 28, 1945 or on or after September 12, 1980.

Required documentation to begin the process of requesting your original birth certificate are:

- A copy of your photo identification
- A copy of your adoptive birth certificate
- Completed Release of Information Authorization Adult Adoptee (FIA 1920). Please include in the comments area on this form that you are requesting your original birth certificate.
- Completed Request by Adult Adoptee for Identifying Information (FIA 1925)
- If the birth certificate you are requesting is for a deceased, direct descendant, proof of the relationship and death are required (ie: death certificate, birth certificate, etc.). Also, the above forms should be completed with the information regarding the adoptee, not yourself.
- $\$ 20.00$ filing fee. Money Order or Cashier's Check made payable to "WAYNE COUNTY CLERK". No cash or personal checks are accepted.

Please mail the documents listed above to the Third Judicial Circuit Court, Family Division, 1025 E. Forest Avenue, Detroit, MI 48207-1098, Attention: Post Adoptions.

Once your request is received the Court will mail a clearance to the Central Adoption Registry. Should the clearance be returned indicating that there are no denials on file, your request will be processed.

The Michigan Department of Community Health charges $\$ 26.00$ for releasing the original birth certificate. This fee is payable to the "State of Michigan" (Only Money Orders or Personal Checks are accepted). Do not send payment at this time. You will receive notice when to send in your payment to the Michigan Department of Community Health.

Should you have further questions, please contact Latrice Ross at (313) 833-0032.

