

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	CERTIFICATE OF ADOPTIVE INFORMATION	FILE NO.
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In the matter of _____ DOB: _____
Full name of child

1. The tribal affiliation of the child is _____ .

2. The names and addresses of the biological parents of the child are:

Name of biological father (type or print)

Name of biological mother (type or print)

Address

Address

City, state, and zip

City, state, and zip

3. The names and addresses of the adoptive parents of the child are:

Name of adoptive parent (type or print)

Name of adoptive parent (type or print)

Address

Address

City, state, and zip

City, state, and zip

4. Agency Contact Information:

Name of agency representative (type or print)

Address

Agency name

City, state, zip

Telephone no.

E-mail

Date

Signature of court representative

Name (type or print)

- Adoption decree attached.
- Statement of Identifying Information attached.
- Request for Confidentiality attached.

Do not write below this line - For court use only