

STATE OF MICHIGAN PROBATE COURT MONTCALM COUNTY	RECORDS CHECK RELEASE ADULT NAME CHANGE	FILE NO.
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In the matter of: _____

Please be informed it is the policy of this Court to complete a criminal history check on all adult name change requests. Please provide the following information regarding the adult whose name is sought to be changed.

Full Legal Name: _____
First Middle Last Suffix

Name(s) Previously Used (Maiden Names): _____

Social Security Number: _____ Gender: ☐ Male ☐ Female

Please attach a copy of your drivers license or state id

I authorize the Montcalm County Probate Court to request information from any human services agencies as may be appropriate and also authorize a criminal/driving history check.

Date: _____
Signature

Address

City, state, zip

The information provided herein will not be made a part of the legal file and will be used for Court use only.