

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PETITION OF PARENT FOR CUSTODY          OF SURRENDERED NEWBORN CHILD</b>	<b>CASE NO. AND JUDGE</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name of surrendered newborn child

1. I am the  mother  father of the above named newborn child born on \_\_\_\_\_  
Date of birth  
 at \_\_\_\_\_  
Location of birth

2. The newborn was surrendered to \_\_\_\_\_, an emergency services  
Name of emergency services provider (indicate if unknown)  
 provider located at \_\_\_\_\_  
Street address, city, and county of emergency services provider

The surrender was made by the  mother  father on \_\_\_\_\_, less than 28 days from  
Date  
 filing this petition.

3.  The newborn is located in \_\_\_\_\_ County, Michigan.  
 I do not know where the child is presently located.

4. Mother of newborn: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name  
 \_\_\_\_\_  
Street address, city, state, zip and county

Father of newborn: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name  
 \_\_\_\_\_  
Street address, city, state, zip and county

5. I wish to revoke surrender of my child and release of parental rights, if any.

**I REQUEST:**

- 6. That I be given custody of the child.
- 7. That blood or tissue typing be ordered if required by law.
- 8. Other:

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Name (type or print) Bar no. \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no. \_\_\_\_\_

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no. \_\_\_\_\_