

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	PETITION OF PARENT FOR CUSTODY OF SURRENDERED NEWBORN CHILD	CASE NO.
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In the matter of _____, a surrendered newborn child
Full name of child

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

2. The newborn was surrendered to _____, an emergency services provider
Name of emergency services provider (indicate if unknown)
 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 filing this petition.
Date

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 and that blood or tissue typing be ordered upon filing of this petition.

7. Other:

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

/s/
 Signature of petitioner

 Name (type or print) Bar no.

 Address

 City, state, zip Telephone no.

Date

/s/
 Signature of petitioner

 Name (type or print)

 Address

 City, state, zip Telephone no.

Do not write below this line - For court use only