APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

PLEASE PRINT

Name on Certificate: __________________________________________________________________

Date of Birth: _____________________ County of Birth: _______________________

Mother’s Maiden Name: _______________________________________________________________

First Middle Last

Father’s Name: ______________________________________________________________________

First Middle Last

Number of Certificates to be requested: _____________________

COPIES OF BIRTH CERTIFICATES MAY BE RELEASED ONLY TO THE FOLLOWING:

A. The person who is the subject of the record.
B. A parent named in the birth record.
C. An heir of a deceased person (with documentation)
D. Legal Representative, Legal Guardian, or pursuant to a Court Order (all court documents must be reviewed prior to release of a birth certificate)

BEFORE SIGNING, PLEASE READ THE FOLLOWING STATEMENT:

I sign this document stating that I am not using this certificate for fraudulent or deceptive purposes.
Section 2894, Act 368, Public Acts of 1978, as amended, being MCL 333.2894

____________________________________
Signature

Please mail requested documents to: ______________________________________

____________________________________        Print Name

____________________________________        Address

____________________________________        City, State, Zip

____________________________________        Telephone Number

Please enclose the following with this request:

• Photocopy of the requestor’s driver’s license or State ID
• Appropriate fee / check or money order ($15.00 for first copy and $5.00 for each additional copy)
• Self addressed, stamped business-size envelope

This document will be retained in the Clerk-Register’s Office indefinitely, for purposes of prosecution.

Please allow 2-3 weeks for return of documents.

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