APPLICATION FOR A CERTIFIED COPY — MICHIGAN BIRTH RECORD

Michigan Department of Health and Human Services

PART 1 - APPLICANT'S INFORMATION

Applicant's Name _____

Mailing Address _____ City _____ State _____ Zip _____

Daytime Phone w/area code - **Required**: _____ Other Phone w/area code: _____

PART 2 - CERTIFICATION OF INFORMATION PROVIDED

By signing this application, I understand that I am agreeing to pay for a search of the State of Michigan Vital Records. This does not guarantee that a record will be found.

Falsifying an application for a vital record and/or assuming the identity of another person is subject to criminal penalties (MCL 333.2894(b) and 445.65).

► **Applicant's Signature:** _____ **Date:** _____

Current valid Government-issued photo ID required (see back for Alternative Documents)

PART 3 - PURPOSE FOR REQUESTING THE RECORD

PART 4 - ELIGIBILITY-Select the category that qualifies **YOU** to request/receive this Michigan birth record per MCL 333.2882

- ☐ Person named on the record
- ☐ Parent named on the record
  Note: If adopted, only adoptive parents are eligible
- ☐ Legal guardian of the person named on the record
  (Copy of court documented guardianship papers required)
- ☐ Licensed attorney representing subject of the record
  (Letter on official letterhead required: Must provide state bar number and the name of the person you represent along with client's identification)
- ☐ Heir of the deceased person named on the record, and
  - Relationship to decedent: _____
  - Decedent's name at time of death: _____
  - State where death occurred: _____
  - Date of death (Year): _____

  If not a Michigan death, must provide death certificate
- ☐ Court of competent jurisdiction (Court order & fee required)
- ☐ Birth record is at least 100 years old (no photo ID required)

PART 5 - INFORMATION NEEDED TO FIND BIRTH RECORD BEING REQUESTED

Date of Birth (mm, dd, year)	Sex ☐ Male ☐ Female	Place of Birth (hospital, city, county)

Please include first, middle, and last names below:

Child's Full Name At Birth _____

Parent/Mother's Birth Name: _____

Parent/Father's Birth Name: _____

Is the person named on the record **adopted**? ☐ Yes ☐ No

Child's Full Name **After** Adoption: _____

Adopted Parent/Mother's Birth Name: _____

Adopted Parent/Father's Birth Name: _____

If the applicant's current name is different from their birth name on the record, provide info (required)

☐ Marriage: Place of Marriage (state) _____ Date of Marriage _____

☐ Court Ordered New Legal Name (court order must be provided)

First _____ Middle _____ Last _____

PART 6 - FEES Includes one certified copy or no-find letter

Base Fee: Includes One Year Search Age 64 and Under	$34.00	$
Or Senior Citizen (Age 65+) Reduced Fee *(Must be requesting own birth record)*	$14.00	$
Additional Copies (Each)	____ x $16.00	$
Additional Years Search, # yrs ____ (when exact year unknown) Years you want searched: ____ ____ ____	x $12.00	$
Expedited "RUSH" Service (additional)	$12.00	$
Payment to "State of Michigan"	**TOTAL**	$

For Accounting Use Only

Is your request complete? Don't forget your ID!