

If Mailing, Mail To:

VITAL RECORD REQUEST

OFFICE OF ARENAC COUNTY CLERK
NANCY A. SELLE
120 NORTH GROOVE STREET, STANDISH, MICHIGAN 48658
PH: 989-846-4626

FIRST CERTIFIED COPY: \$15

EACH ADDITIONAL CERTIFIED COPY: \$5

WHAT T	PE OF RECORI) ARE	YOU REC	QUESTING?	
☐ BIRTH CERTIFICATE		☐ DEATH CERTIFICATE		EATH CERTIFICATE	
☐ MARRIAGE LICENSE			□ DD214		
<u>w</u>	HO IS REQUEST	ING T	HIS RECO	ORD?	
☐ PERSON NAMED ON RECORD		☐ PARENT NAMED ON RECORD			
☐ LEGAL REPRESENTITIVE/GUARDIAN			OTHER		
NAME ON RECORD	INFORMATIO			ON RECORD (MARRIAGE)	
	PHONE NUM		_	NUMBER OF COPIES	
PERSON REQUESTING RECORD- PRINTED				SIGNATURE	
PLEASE MAKE CHECKS PAYA	BLE TO: Arena	c Co	unty Cle	erk	

PLEASE INCLUDE PHOTOCOPY OF ID, MAILING ADDRESS, AND CHECK OR MONEY ORDER

Arenac County Clerk - Vital Records

P.O. Box 747

Standish, MI 48658