

APPLICATION FOR A CERTIFIED COPY— MICHIGAN BIRTH RECORD

County of Arenac

PART 1 – APPLICANT INFORMATION (PERSON FILLING OUT THIS FORM)

Applicant's
First Name _____ Middle _____ Last _____
Mailing
Address _____ City _____ State _____ Zip _____
Daytime Phone w/ area code *Required _____ Email _____

PART 2 – RELATIONSHIP / INDICATE WHOSE BIRTH RECORD YOU ARE REQUESTING

PER MCL 333.2882

- Myself
 My Child (If adopted, only adoptive parents are eligible)
 I am the Legal Guardian, Custodial Party, or Power of Attorney (Copy of Court Order / Legal Documentation Required)
 My Client (Licensed attorney must provide letter of representation with client name and State Bar # on official letterhead, along with ID for both attorney and client. We do NOT accept delegations of authority or information releases.)
 Heir of the Deceased (If not a Michigan death, must provide COPY of death certificate)
 • Relationship to decedent _____ • State where death occurred _____
 • Decedent's name at time of death _____ • Year of death _____
 Birth Record is at least 100 years old (no ID required) Court of Competent Jurisdiction (Court Order & Fee Required)

PART 3 – BIRTH INFORMATION (TO LOCATE BIRTH RECORD ON FILE)

First Name at Birth _____ Middle _____ Last _____
Date of Birth (mm/dd/year) ____/____/____ Place of Birth (City/County, State) _____
Birth Parent/Mother's Name _____ Birth Parent/Father's Name _____
Is the person named on the record Adopted? Yes No Gender Male Female X

If yes, Name AFTER Adoption First _____ Middle _____ Last _____
Adoptive Parent/Mother's Name _____ Adoptive Parent/Father's Name _____

Did the name of the Applicant or the Person (Child) on the birth record change **due to Marriage**? Yes No

If yes, Place of Marriage (State) _____ Date of Marriage (mm/dd/year) ____/____/____
First _____ Middle _____ Last _____

Did the Applicant or the Person (Child) on the birth record have a **Court Ordered Legal Name Change**? Yes No

If yes, Court Order Required First _____ Middle _____ Last _____

PART 4 – PURPOSE OF REQUEST

PART 5 – APPLICANT SIGNATURE (PERSON FILLING OUT THIS FORM)

By signing, I understand I am agreeing to pay for a search of 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. Per MCL 333.2894(b) and 445.65.

Your Signature:

(Must be original in ink, by hand) _____ Date: _____

PAYMENT AND COPY OF VALID IDENTIFICATION REQUIRED)

PART 6 – PAYMENT

1st Copy		\$15.00	\$
Additional Certified Copies	Specify Quantity _____	\$ 5.00	\$
CHECK or MONEY ORDER made out to the "Arenac County Clerk" (Request will not be processed if payment is not included in envelope)		Total Amount Enclosed	\$

PROCESSING TIMES FOR MAILED REQUESTS

Approximately 5 days of in-office processing time, depending on volume of requests received. Then sent via regular mail.

MAIL APPLICATION (WITH PAYMENT AND REQUIRED DOCUMENTATION)

REGULAR MAIL TO:
Arenac County Clerk - Vital Records Requests
P.O. Box 747
Standish, MI 48658