

# Vital Records Certified Copy Request Form

Mary Ann Froberg, Alger County Clerk • 101 Court Street, Munising, MI. 49862 • (906) 387-7053

## REQUESTOR'S INFORMATION

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed to process request

**Fees: \$10.00 first copy, \$5.00 each additional copy of same record.**

### BIRTH RECORDS

Number of copies requested: \_\_\_\_\_

- **Photo Identification** must be presented with this request or a copy mailed with this request.
- Birth certificate may not be available for 45-60 days after child's birth.

Full Name of Person on Record: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

**If requestor's name is different than the name as it appears on the birth record, please provide:**

1. Date of Marriage: \_\_\_\_\_
2. Place of Marriage (State): \_\_\_\_\_

**Eligibility** – You must be eligible to request this birth record per MCL 333.2882. Check the box that applies to you:

- |   |  |
|---|--|
| <input type="checkbox"/> Person named on record   | <input type="checkbox"/> Court of competent jurisdiction (court order required)            |
| <input type="checkbox"/> Parent named on record   | <input type="checkbox"/> Legal Licensed Representative (letter of representation required) |
| <input type="checkbox"/> Legal Guardian (guardianship papers required)                                  | <input type="checkbox"/> Birth record is at least 100 years old                            |
| <input type="checkbox"/> Heir of person named on record – Relationship / Date and Place of Death: _____ |  |

**\*PENALTIES:** Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000.

### DEATH RECORDS

Number of copies requested: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

### MARRIAGE RECORDS

Number of copies requested: \_\_\_\_\_

Name of Both Applicants  
At Time of Application

1. \_\_\_\_\_

2. \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

For office use only: File # \_\_\_\_\_ Clerk's Initials \_\_\_\_\_ I.D. Verification: DL \_\_\_\_\_ State ID \_\_\_\_\_ Other \_\_\_\_\_