



BRANCH OFFICE
 Veterans Memorial Courthouse
 Lansing, MI 48933
 inghamclerk@ingham.org
 clerk.ingham.org

Barb Byrum
Ingham County
Clerk

MAIN OFFICE
 P.O. Box 179
 341 South Jefferson
 Mason, MI 48854
 Phone: (517) 676-7201
 Fax: (517) 676-7254

BIRTH RECORD REQUEST FORM

Instructions: Birth records are confidential and may only be released to the subject of the record, parent listed on the record, guardian, or another authorized party. Court-authorized guardians must furnish signed Letters of Guardianship dated within the last 30 days. Please complete the form and submit it by email, fax, or mail. Please include all requested documentation to prevent processing delays. *Note: If your request is urgent, please indicate your request be sent via USPS Priority Mail Express for an additional charge of \$40.* Payment may be made by debit/credit card, check, or money order (made payable to Ingham County Clerk). Please no cash.

A COPY OF THE REQUESTOR'S GOVERNMENT-ISSUED PHOTO IDENTIFICATION IS REQUIRED.

Birth Record	Full Name on Record (First, Middle, Last)	Date of Birth (MM/DD/YYYY)
	1. Was the person adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Were the parents married at the time of the birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	City of Birth
	Full Name of Parent (inc. maiden/prior last names)	Full Name of Other Parent (inc. maiden/prior last names)

Requester Information	Full Name	Phone Number
	Mailing Address	<input type="checkbox"/> Check to receive alerts from Clerk Byrum's office
	Signature (Required)	Email Address

Remember: A COPY OF UNEXPIRED GOVERNMENT-ISSUED PHOTO ID MUST BE PROVIDED WITH YOUR REQUEST.

Payment	Payment Calculator First Copy: \$30.00 \$ 30.00 Each <u>Additional</u> Copy: _____ x \$10 \$ _____ Optional Expedite Mailing: \$40.00 \$ _____ Subtotal \$ _____ Card Service Fee \$ _____ Total DUE \$ _____	Card Service Fee (only if paying by card) <table border="1"> <thead> <tr> <th>Subtotal Range</th> <th>Service Fee</th> </tr> </thead> <tbody> <tr> <td>\$0.01 → \$50</td> <td>\$1.75</td> </tr> <tr> <td>\$50.01 → \$75</td> <td>\$2.00</td> </tr> <tr> <td>\$75.01 → \$100</td> <td>\$3.75</td> </tr> <tr> <td>\$100.01 → \$150</td> <td>\$5.75</td> </tr> <tr> <td>\$150.01 → \$200</td> <td>\$7.25</td> </tr> </tbody> </table>	Subtotal Range	Service Fee	\$0.01 → \$50	\$1.75	\$50.01 → \$75	\$2.00	\$75.01 → \$100	\$3.75	\$100.01 → \$150	\$5.75	\$150.01 → \$200	\$7.25
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Card Payment Option	Name on Card	Billing Address (inc. zip code)	
	Card Number	Expiration Date (MM/YYYY)	Security Code
	Signature (Required)		

*With your signature, you are authorizing any applicable card service fee and agreeing to abide by your cardholder agreement.

Email your request to InghamClerk@ingham.org or mail it to Ingham County Clerk, PO Box 179, Mason, MI 48854.

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

* Do not forget to include a copy of your ID! *

* Make checks payable to Ingham County Clerk!*

(Revised 1/2020)

