

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

none: (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 <u>additional</u> 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.				
	Full Name on Record (First, Middle, Last)	Date of Birth (MM/	DD/YYYY)		
5					
Birth Record	4 Mary the server edented? I Voc II No.	City of Birth	City of Birth		
Re	1. Was the person adopted? Yes No				
뒾	2. Were the parents married at the time of the birth? ☐ Yes ☐ No Full Name of Parent (inc. maiden/prior last names) Full Name of Other Parent (inc. maiden/prior last names)				
Ö	Full Name of Paletic (inc. maide aprior last hames)	i di ridino di ditto i dicini (alci interesi in			
	Full Name Phone Number				
	Full Name	Fibrie Mainbei	Holic Hallings		
2.5					
Requester nformation	Mailing Address	☐ Check to receive alerts from Clerk Byrum's office			
lue:	_				
Zeq To		Email Address	:		
<u> </u>	Signature (Required)	Remember: A COPY OF UNEXPIRED GOVE	RNMENT-ISSUED		
		PHOTO ID MUST BE PROVIDED WITH YO	OUR REQUEST.		
		Card Service Fee (only if pa	ving by card)		
	Payment Calculator First Copy: \$30.00 _\$ 30.00	Subtotal Range	Service Fee		
nt	Each Additional Copy:x \$10 \$	\$5.01 → \$50	\$1.75		
me	Optional Expedite Mailing: \$40.00 \$	— \$50.01 → \$75	\$2.00		
Payment	Subtotal \$	\$75.01 → \$100	\$3.75		
11	Card Service Fee \$	\$100.01 → \$150	\$5.75 \$7.25		
	Total DUE \$	\$150.01 → \$200	φι,2υ		
	Name on Card	illing Address (inc. zip code)			
ب	Traine sir said	•			
ıeı		Expiration Date (MM/YYYY) Security Code			
lym Ion	Card Number	Expiration Date (MM/YYYY) Security Code	ł		
d Paym Option					
Card Payment Option	Signature (Required)				
Ü		*With your signature, you are authorizing	g any applicable card		
		service fee and agreeing to abide by your ca	aranolaer agreement.		

Email your request to lnghamClerk@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! *

SHIAWASSEE COUNTY CLERK APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

\$20.00 for the first copy and \$8.00 for each additional copy of the same certificate purchased at the same time.

NAME ON CERTIFICATE:		
First	Middle	Last
DATE OF BIRTH:	PLACE OF BIRTH:	
HAVE YOU EVER BEEN ADOPTED?	HAS THERE BEEN A LEGA	AL NAME CHANGE?
MOTHER'S MAIDEN NAME		<u></u>
First	Middle	Last
FATHER'S NAME		
First	Middle	Last
NUMBER OF CERTIFICATES DESIRED:		
COPIES OF BIRTH CERTIFICATES MAY BE RELE Please check the one that applies. Proper idea correct address on it) must be presented. If m	ntification (valid driver's licens	ie, with your current,
The person who is the subject of t	he record.	•
A parent named on the certificate		
An heir (if person is deceased and	with a copy of death certifica	te).
Legal Representative, Legal Guard (must have copy of legal papery	ian or Pursuant to a Court Ord vork).	ier
Please be sure you read and understand the f	ollowing before you sign.	
I SIGN THIS DOCUMENT STATING THAT I AM N PURPOSES. 1978 PA 368; as amended (MCL 3	NOT USING THIS CERTIFICATE 33.2894)	FOR FRAUDULENT OR DECEPTIVE
Signature		Today's Date
	Phone:	
Printed name of requestor		
Address:		

NOTE: This document will be retained in the office of the County Clerk indefinitely for purposes of prosecution.