

REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

I, _____, request a
(NAME OF PERSON MAKING REQUEST)

Birth Certificate for _____
(FULL NAME OF INDIVIDUAL AT BIRTH)

Date of Birth: _____ Place of Birth: _____

Mother's Full Name (Including maiden name): _____

Father's Full Name: _____

****A PHOTO COPY OF PICTURE IDENTIFICATION
OF THE INDIVIDUAL MAKING THE REQUEST MUST ACCOMPANY REQUEST.****

Signature of Person Requesting The Record: _____

Relationship to Individual(s):

_____ Self _____ Son/Daughter _____ Mother/Father _____ Grandchild

_____ Other: _____

Phone Number: _____ *Email Address:* _____

Please Mail Request(s) To:

Marquette County Clerk
Courthouse
234 West Baraga Avenue
Marquette, Michigan 49855

Vital Record Fees: \$10.00 for the first copy \$ 5.00 each for duplicate(s) of same

Number of Copy(s) Requesting: _____ Enclosed is my check/money order for \$ _____

Please return the certified copy(s) to:

*****Please use a separate form for each person or type of vital record*****