SHIAWASSEE COUNTY

CAROLINE WILSON County Clerk 989.743.2242 208 North Shiawassee St. • Corunna, MI Fax 989.743.2241 HEATHER CRAMER Chief Deputy Clerk 989.743.2262

REQUEST FOR VERIFICATION OF A MICHIGAN BIRTH/DEATH/MARRIAGE RECORI	REQUEST FOR	VERIFICATION OF	A MICHIGAN BIRTH/DEA	TH/MARRIAGE RECORD
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APPLICANT (PERS	ON REQUESTING VEI	RIFICATION)				DATE:			
ठ अ						Agency Name			
arty					 Applicants Name 				
Please type or print clearly & legibly					 Mailing Address 				
Please print of legibly						City/State/Zip			
• APPLICAN	IT'S SIGNATURE: _		Must	t be signed in	n order to pro	cess			
returned to you stam record could be iden place and filing of t	ORMATION - A request ped with an indication tified which matched the requested event. In can be verified or super verification.	that a record we ne supplied fac This informat	was iden its. State tion mus	itified which i e law allows st match ex	matched the some for verification actly what is	supplied facts n of ONLY n on the reco	s, or that no ame(s), da t ord.No	te,	
FACTS TO BE VERIFIED				WETHOD OF	PAYMENT - Pa	ayment must l	oe made in U	.s.	
Name(s) on the Record (Must match exactly what is on record)			funds by check or money order payable to Shiawassee						
			County Clerk's Office - see address below.						
First M	iddle	Last			Non-F	Refundable An	nount To Be		
			1				Enclosed	\$10.00	
			£						
First M	iddle	Last	\	Ne cannot p	orocess your	request wit	thout paym	ent.	
Type of Event (Birth/Death/Man	iage)								
				VERIFICA	ATION STAMP	(For Vital Red	cords Official	Stamp)	
Date of Event (Must match exac	at date on record)								
Month	Day	Year							
Place of Event									
	County								
Date of Filling (Date the record was filed - Enter ONLY if you									
have a copy of the record)							<u></u>		