SHIAWASSEE COUNTY

CAROLINE D. WILSON
County Clerk
989-743-2242

208 North Shiawassee St., Corunna, MI 48817
Fax 989-743-2241

KELLY S. COOK
Chief Deputy Clerk
989-743-2262

APPLICATION FOR CERTIFIED BIRTH CERTIFICATE

$25.00 for the first copy and $10 **for each additional copy** of the same certificate purchased at the same time. If mailing in a request, a $3.00 flat rate postage fee applies; expedited shipping options are available upon request.

Proper identification (valid driver's license, with your current, correct address on it) must be presented. If mailing in a request, a copy of identification must be provided.

NAME ON CERTIFICATE: _____
First Middle Last

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

HAVE YOU EVER BEEN ADOPTED? [YES] [NO] HAS THERE BEEN A LEGAL NAME CHANGE? [YES] [NO]

MOTHER'S MAIDEN NAME: _____
First Middle Last

FATHER'S NAME: _____
First Middle Last

NUMBER OF CERTIFICATES: _____

COPIES OF BIRTH CERTIFICATES MAY BE RELEASED ONLY TO THE FOLLOWING:
Please indicate your relationship to the record as listed below. Check only ONE that applies.

[ ] Myself

[ ] My Child

[ ] I am an heir (if the person is deceased – a certified copy of the death certificate is required)

[ ] I am the Legal Guardian, Custodial Party, or Power of Attorney (Copy of Court Order/Legal Documentation required)

The requestor must read and understand the following statement below before you sign.

I SIGN THIS DOCUMENT STATING THAT I AM NOT USING THIS CERTIFICATE FOR FRAUDULENT OR DECEPTIVE PURPOSES. 1978 PA 368; as amended (MCL 333.2894)

Requestor to complete the below section:

_____ _____
Signature Today's Date

_____
Printed name of requestor

Phone:_____

Address:_____

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