Fill-In Enabled

Clear Form

Clinton County Clerk
Diane Zuker
Courthouse♦100 E. State St.♦Suite 2600
St. Johns, MI 48879
(989) 224-5140♦Fax (989) 227-6421

REQUEST FOR CERTIFIED COPY OF BIRTH

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Daytime phone number to contact you if there is a problem ( ) _____

APPLICANT'S SIGNATURE:

_____

Must be signed in order to process

ELIGIBILITY – Are you eligible to request this birth record? Please check the box that applies to you:**

☐ PERSON NAMED ON RECORD
☐ PARENT NAMED ON RECORD

**Michigan law limits who can receive a certified copy of a Michigan birth record. You must select which category qualifies you to receive the requested record.

REQUIRED BIRTH INFORMATION

A PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE OR STATE I.D. SHOWING THE EXPIRATION DATE MUST BE SUBMITTED BEFORE WE CAN ISSUE THE BIRTH RECORD THROUGH THE MAIL.
BE SURE TO INCLUDE THIS WITH YOUR REQUEST AND THE APPROPRIATE FEE.

Name at Birth: _____
First Middle Last

Date of Birth: _____ **Place of Birth:** _____
MM/DD/YY City County

Mother's Maiden Name: _____
First Middle Last

Father's Name: _____
First Middle Last

Number of Copies Requested: _____

The fee is $13.00 for the first copy, and $5.00 for EACH ADDITIONAL COPY of the same record when ordered at the same time as the first copy. If the birth record is **yours** and you are **65** or older the fee is $7.00 for the first copy, and $5.00 for EACH ADDITIONAL COPY.

Mail this application with a **PHOTOCOPY OF YOUR CURRENT DRIVER'S LICENSE OR STATE I.D. AND A CHECK** or **MONEY ORDER** payable to: **CLINTON COUNTY CLERK**