REQUEST FOR CERTIFIED COPIES (MCL 333.2881)

FIRST COPY OF EACH BIRTH, DEATH, OR MARRIAGE RECORD $15.00
ADDITIONAL COPIES OF SAME RECORD $5.00
BIRTH CERTIFICATE, AGE 65 & OVER $5.00

FILL OUT APPROPRIATE SECTION AND COMPLETE BOTTOM PORTION

A valid driver’s license, state ID, passport, or Washtenaw County ID is required to request a birth certificate/military discharge. This office can only issue birth/deaths that occurred in this county as well as marriage licenses obtained in this county.

1. BIRTH _____ (number of copies)
ELIGIBILITY – You must be eligible to request this birth record per MCL 333.2882. Check the box that applies to you:
☐ Person on record ☐ Legal guardian/custody (letters of guardianship/custody required)
☐ Parent on record ☐ Birth record is 100 years old ☐ Heir of deceased person named on record (paperwork required)
FULL NAME ON BIRTH RECORD: __________________________________________________________________________
DATE OF BIRTH: __________________________ ☐ Check if 65 + HOSPITAL/PLACE OF BIRTH: __________________________
PARENT 1 FULL NAME (BEFORE MARRIAGE): ___________________________________________________________________
PARENT 2 FULL NAME (BEFORE MARRIAGE): ___________________________________________________________________

2. MARRIAGE _____ (number of copies)
MARRIAGE BETWEEN (AS APPEARS ON RECORD): _______________________________________________________________
AND (AS APPEARS ON RECORD): ___________________________________________________________________________
DATE OF MARRIAGE: _____________________________________________________________________________________

3. DEATH _____ (number of copies)
NAME OF DECEDENT: _____________________________________________________________________________________
DATE OF DEATH: _______________________________________________________________________________________

4. _______ MILITARY DISCHARGE (2 FREE OF CHARGE) _______ BUSINESS NAME ($2 PER CERTIFIED COPY)
NAME ON RECORD: _______________________________________________________________________________________

5.

REQUESTOR’S INFORMATION

YOUR NAME: _______________________________________________________________________________________
YOUR ADDRESS: ______________________________________ CITY/STATE/ZIP: ____________________________
PHONE #: ___________________________________________
SIGNATURE: _________________________________________________________________________________________

For Office Use Only

ID #: _______________________________________ STATE/COUNTRY: ___________ EXPIRES: __________________
CLERK: ___________________________________ PAYMENT CA CK CC RECORD NUMBER: __________________________
SAFETY PAPER NUMBERS: A   