SUZIE ROEHM
VAN BUREN COUNTY CLERK

212 Paw Paw Street, Suite 101, Paw Paw, MI 49079-1496
Phone (269) 657-8218, Option 6; Fax (269) 657-8298
Email: Clerk@vanburencountymi.gov

REQUEST FOR COPY/COPIES OF VITAL RECORDS

COMPLETE THE FOLLOWING FOR ALL REQUESTS:

NAME & ADDRESS OF PERSON MAKING REQUEST: _____

Telephone: _____ _____

I SIGN THIS DOCUMENT STATING THAT I AM NOT USING THIS CERTIFICATE FOR FRAUDULENT OR DECEPTIVE PURPOSES, SECTION 2894, ACT 368, PUBLIC ACTS 1978 AS AMENDED; MCL 333.2894.

SIGNATURE OF PERSON MAKING REQUEST: _____ DATE _____

Fees: $15.00 FOR ONE CERTIFIED COPY OF A BIRTH, DEATH OR MARRIAGE RECORD.
$5.00 FOR EACH ADDITIONAL COPY OF THE **SAME RECORD** PURCHASED AT THE SAME TIME.

WHEN REQUESTING A COPY BY MAIL: Please include a self-addressed stamped envelope with your request.

BIRTH RECORDS

Photo Identification must be presented when requesting a birth record in person; a photocopy is required for mail requests. **THE ADDRESS ON ID MUST MATCH THE MAILING ADDRESS.**

NAME ON BIRTH RECORD: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

FATHER'S FULL NAME: _____

MOTHER'S FULL MAIDEN NAME: _____

Check one of the following:

_____ I am requesting my own birth record.

_____ I am requesting my child's birth record.

_____ I am an heir of the person named in the record.

_____ I am a legal representative of the person named in the record.

DEATH RECORDS

NAME OF DECEASED: _____

DATE & PLACE OF DEATH _____

MARRIAGE RECORDS

NAME OF APPLICANT _____

NAME OF APPLICANT _____

DATE OF MARRIAGE: _____

FOR OFFICE USE: NUMBER OF COPIES: _____ AMT COLLECTED: _____

DATE PROCESSED: _____ RECEIPT NO: _____