Vital Records Certified Copy Request Form

Joel VandeVelde, Alger County Clerk • 101 Court Street, Munising, MI. 49862 • (906) 387-7067

REQUESTOR'S INFORMATION

Name: _____ Daytime Phone: (____) _____

Address: _____

City, State, Zip: _____

Signature: _____ Date: _____/_____/_____

Must be signed to process request

Fees: $15.00 first copy, $5.00 each additional copy of same record.

BIRTH RECORDS

Number of copies requested: _____

- **Photo Identification** must be presented with this request or a copy mailed with this request.
- Birth certificate may not be available for 45-60 days after child's birth.

Full Name of Person on Record: _____

Date of Birth: _____ Place of Birth: _____

Mother's Full Maiden Name: _____

Father's Name: _____

If requestor's name is different than the name as it appears on the birth record, please provide:

1. Date of Marriage: _____ 2. Place of Marriage (State): _____

Eligibility – You must be eligible to request this birth record per MCL 333.2882. Check the box that applies to you:

☐ Person named on record
☐ Parent named on record
☐ Legal Guardian (guardianship papers required)
☐ Court of competent jurisdiction (court order required)
☐ Legal Licensed Representative (letter of representation required)
☐ Birth record is at least 100 years old
☐ Heir of person named on record – Relationship / Date and Place of Death: _____

***PENALTIES**: Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to $25,000.

DEATH RECORDS

Number of copies requested: _____

Name of Deceased: _____

Date of Death: _____ Place of Death: _____

MARRIAGE RECORDS

Number of copies requested: _____

Name of Both Applicants At Time of Application

1. _____

2. _____ Date of Marriage: _____/_____/_____

For office use only: File # _____ Clerk's Initials _____ I.D. Verification: DL _____ State ID _____ Other _____