VITAL RECORDS REQUEST

To: Menominee County Clerk
County Courthouse
839 10th Avenue
Menominee, MI 49858
Phone: (906)863-9968

From:	
	Name:
	Address:
	City, State, Zip:
	Phone:
	Email:

I am requesting a copy of a: ☐BIRTH RECORD / ☐MARRIAGE RECORD / ☐DEATH RECORD

****NOTE** Birth Records are only released to a person named on the record i.e: child or parent unless the record is 100 years or older.**

BIRTH

Name on Record: ______________________________
Date of Birth: ______________
Mother's Full Name (Maiden): ______________________________
Father's Full Name ______________________________
Relationship to Individual on Record: ☐ Self / ☐ Mother / ☐ Father

******** Birth Record Requests require a copy of a government issued photo ID ********

MARRIAGE

Names on Marriage Record: ______________________________
Wife's Last Name at ¢ime of Application: ______________
Date of Marriage: ______________

DEATH

Name on Death Record: ______________________________
Date of Death: ______________

Payment Calculator

First Copy is $15.00 ($7.00 if 65 years & older and requesting own record) $________
Each l·dditional Ŏopy:_____ x $5.00 $________
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Applicant Signature: ______________________________

Check Payable to: Menominee County Clerk or credit/debit cards are acceptable.

/ŊŜŘƛű Card Service Feeă l·LJLJťè *If paying by credit/debit card please fill in the boxes or call (906) 863-9968 to provide the information over the phone.

Card Payment Option	Name on Card	Billing Address (inc. zip code)
	Card Number	Expiration Date (MM/YYYY)
	Phone Number Associated With This Card	Security Code (back of card)
	Signature (Required) *With your signature, you are authorizing any applicable card service fee	