Vital Records Certified Copy Request Form

Meredith Place, Kalamazoo County Clerk | 201 W Kalamazoo Ave., Kalamazoo, MI
49007 269-383-8840 | www.kalcounty.gov/clerk

REQUESTOR'S INFORMATION

PRINT LEGIBLY

Name: _____ Day Phone Number: _____

Address: _____ City, State Zip: _____

Signature: _____ Email: _____
(Must be signed to process request)

Birth/Death/Marriage Record Fees: *$20.00 first copy, $7.00 each additional copy of same record.*

Birth Record Fees (65 Years or Older): $10.00 for senior requesting copy of their own record.

BIRTH RECORDS *(for births that occurred in Kalamazoo County)*

Number of copies requested: ☐

Copy of unexpired government-issued photo ID must be provided with this request.

Birth certificates may not be available for 5-10 days after child's birth. ☐ Check if 65 or older

Full Name on Record: _____
First Middle Last Name at Birth

Date of Birth: _____ Place of Birth: _____, _____
(MM/DD/YYYY) City Hospital

1. Was the person adopted? ☐ YES ☐ NO
2. Were the parents married at the time of the birth? ☐ YES ☐ NO

Parent Name 1 (before marriage): _____ Parent Name 2 (before marriage): _____

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 ☐Court of competent jurisdiction (court order required)
☐Parent named on record ☐Legal Licensed Representative (letter of representation required)
☐Legal Guardian (guardianship papers required) ☐ Birth record is at least 100 years old
☐Heir of deceased 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 *(for deaths that occurred in Kalamazoo County)*

Number of copies requested: ☐

Decedent's Name on Record _____
First Middle Last Name at Death

Date of Death: _____ Place of Death: _____
(MM/DD/YYYY) County

MARRIAGE RECORDS

Number of copies requested: ☐

Spouse 1 – Name on Record (Prior to this Marriage): _____
First Middle Last Name at time of application

Spouse 2 – Name on Record (Prior to this Marriage): _____
First Middle Last Name at time of application

Date of Marriage: _____ ***Must have applied for Marriage License in Kalamazoo County**:
(MM/DD/YYYY)

PAYMENT / SHIPPING INFORMATION

Costs (from above) $ _____
$20 for first copy, $7 each additional copy of same record

SHIPPING: (order is mailed to requestor's address)
☐USPS Express Mail: $40.00 (U.S. only)
☐Regular mail: FREE
TOTAL COST: $ _____

☐Check payable to **Kalamazoo County Clerk** or Money Order

If paying by credit card, please enter information below:

Card Name: _____
Card Number: _____
Expiration Date: _____ Security Code: _____ Billing Zip Code: _____
Signature: _____
*With your signature, you are authorizing any applicable card service fee and agreeing to abide by your cardholder agreement