



REQUEST FOR CERTIFIED COPIES OF BIRTH RECORD

REQUESTS BY MAIL: Address to Attn: City Clerk’s Office – Vital Records and mail to the address at the bottom of this form. Make check payable to: The City of Farmington Hills

FEES: Local Certified Birth Records: \$15.00 - Initial copy
\$ 5.00 - Additional copies ordered at the same time
State Certified Birth Records: \$34.00 – Initial copy
\$16.00 – Additional copies ordered at the same time

PLEASE NOTE: Certain states and/or federal agencies may require state certified birth records

ALL REQUESTS MUST INCLUDE A COPY OF A VALID DRIVERS LICENSE OR STATE I.D. INFORMATION AS IT APPEARS ON BIRTH RECORD

FULL NAME AT BIRTH _____

DATE OF BIRTH _____ **NUMBER OF COPIES REQUESTED** _____

MOTHER’S FULL MAIDEN NAME _____

IN ACCORDANCE WITH STATE LAW-(MCL 33.882)
YOU MUST BE ELIGIBLE TO OBTAIN A COPY OF A BIRTH RECORD

CHECK ONE THAT APPLIES

- () PERSON NAMED ON BIRTH RECORD-(MOTHER, FATHER, CHILD)
- () LEGAL GUARDIAN (MUST INCLUDE COURT ORDERED GUARDIANSHIP PAPER, CUSTODY WITHOUT GUARDIANSHIP DOES NOT APPLY)
- () LEGAL REPRESENTATIVE (MUST PROVIDE INFORMATION ON OFFICIAL LETTERHEAD DOCUMENTING EVIDENCE OF REPRESENTATION TO CHILD, PARENT OR GUARDIAN)
- () COURT – MUST STATE COURTS PURPOSE FOR OBTAINING RECORD

INFORMATION ABOUT APPLICANT

APPLICANT’S NAME _____

CURRENT ADDRESS _____
CITY STATE ZIP

I, the undersigned, affirm that I am in compliance with the Michigan statutes in requesting this record

APPLICANT’S SIGNATURE _____ **PHONE:**(_____) _____

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FOR OFFICE USE ONLY

DATE _____ **AFS #** _____ **SP#** _____ **LOCAL FILE #** _____ **# OF COPIES** _____

PENALTIES: Anyone who obtains, or attempts to obtain a vital record of another person with the intent to commit identity theft, or commit any other crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000 MCL 445.69