

**CHARLEVOIX COUNTY  
APPLICATION FOR A CERTIFIED COPY OF BIRTH RECORD**

Applicant (Person requesting the record)

Please Print clearly and legibly

Applicant's Name:

Driver's License or State Identification

Address:   
(Cannot send to General Delivery)

City/State:

Zip:

Daytime phone (REQUIRED)

Other phone:

**To protect you from identify theft, we require PHOTO IDENTIFICATION to be presented along with this application. (See page 2)**

**REQUESTED BIRTH RECORD INFORMATION**

**If you cannot provide all of the following information, we may not be able to locate the record**

Name At Birth \_\_\_\_\_ Gender  Date of Birth

If the person on record is adopted or has had a legal name change (OTHER THAN MARRIAGE) please indicate that name here

Place of Birth

Mother's Name Before First Married:   
Please

Father's Name:

PLEASE INDICATE PURPOSE FOR REQUESTING RECORD:

**ARE YOU ELIGIBLE TO REQUEST AND RECEIVE THIS BIRTH RECORD? PLEASE CIRCLE THE LINE THAT APPLIES TO YOU.**

**ELIGIBILITY:** Circle the category that qualifies you to request and receive the requested birth record.

- Person named on record\*
- Person named on record
- Birth record is at least 100 years old (no photo ID required)
- Court of competent jurisdiction (court order required)
- Legal guardian of the person named on record (Copy of court documented guardianship papers required)
- Legal licenses representative of the person named on the record (Official letter require: provide your state license number and name the person represented)

Heir of the deceased person named on birth record  
Provide information required below:  
Specify your relationship to decedent \_\_\_\_  
Date of Death (Year) \_\_\_\_  
Decedent's name at time of death \_\_\_\_

\*If the applicant's name is different than the name as it appears on the requested birth record, provide information required below:  
Different due to marriage, indicate date of marriage \_\_\_\_\_ and place of marriage \_\_\_\_\_  
Or different for another reason, please explain:

**Statement of Entitlement:** Misstating an identity or assuming the identity of another person is subject to criminal penalties, e.g. Michigan Compiled Laws 333.2894(b) and 333.2898 and federal laws relating to falsification in obtaining a birth record. By signing this application, I state that I am eligible to receive this birth record as indicated in the Eligibility Section of this application.

\_\_\_\_\_  
Applicant's signature and date of request

**PHOTO ID REQUIREMENTS FOR APPLYING IN PERSON OR BY MAIL FOR A BIRTH RECORD**

**\*Please send photocopies – Not Original Documents\***

Under Michigan law, birth records are restricted documents, and a current valid, photo identification is required in order to establish eligibility to request and/or receive one (except for a birth record that is at least 100 years old). To protect you and the community from identity theft, we require a copy of the applicant’s photo identification to be presented along with the application.

Individuals **under the age of 15** are unable to request a copy of their own birth record.

**At least one of the following photo ID’s:**

1. Michigan driver’s license unexpired or expired for not more than one year.
2. State of Michigan identification card unexpired or expired for not more than one year.
3. Driver’s license or official identification card issued by another state in the U.S., jurisdiction or territory, unexpired, or expired for not more than one year.
4. Unexpired U.S. or foreign passport.
5. U.S. military identification, military dependent identification or veteran’s identification.

**Or, if you do not have one of the above, at least one of the following photo ID’s, with stated supporting documents:**

1. Employment identification with photo, accompanied with a pay stub or W-2 form.
2. School, university or college identification with photo accompanied with a report card or other proof of current school enrollment.
3. Michigan driver’s license expired for more than one year, accompanied by a motor vehicle registration or title, a bridge card, MI-Health card, inmate probation or discharge documents, a veteran’s DD-214, or an original copy of an Affidavit of Parentage.
4. Department of Corrections identification card, accompanied by probation or discharge papers.
5. If an inmate currently incarcerated, a Department of Corrections identification card, accompanied by a verification of incarceration by the facility on letterhead.

**BIRTH RECORD REQUEST FEES:**

**One Certified Copy.....\$10.00**  
**Second certified copy of same record..... \$5.00**

**Certified copies are the only type of record that we provide**