

Macomb County Clerk & Register of Deeds Vital Records Certified Copy Request Form

Submit to the Macomb County Clerk Vital Records Office

120 North Main Street, Mount Clemens, MI 48043 • Fax: (586) 469-5123 • E-mail: vitalstaff@macombgov.org

REQUESTOR'S INFORMATION

PRINT LEGIBLY

Name: _____ Daytime Phone Number: _____

Mailing Address: _____ City, State, Zip: _____

Driver's license number: _____ E-mail address: _____

BIRTH RECORDS

(Copy of requestor's photo ID MUST be included)

Name of person on record _____

Date of Birth _____ Place of Birth _____

Mother's full maiden name _____

Father's full name _____

Relationship to person: Self Parent Heir Legal Guardian

Legal Representative Court of competent jurisdiction

Cost: \$15.00

Additional copies: _____ x \$5.00= \$ _____

TOTAL: \$ _____

BUSINESS REGISTRATION

Name of Business: _____

Cost: \$15.00

Additional copies: _____ x \$5.00= \$ _____

TOTAL: \$ _____

DEATH RECORDS

Name of Deceased _____

Date of Death: _____

Place of Death: _____

Cost: \$15.00

Additional copies: _____ x \$5.00= \$ _____

TOTAL: \$ _____

MARRIAGE LICENSES

Applicant 1 (name on Application): _____

Applicant 2 (name on Application): _____

Date of Marriage: _____

Cost: \$15.00

Additional copies: _____ x \$5.00= \$ _____

TOTAL: \$ _____

MILITARY DISCHARGE

(Copy of requestor's photo ID MUST be included)

Name _____

Date of Birth _____

Number of copies: _____ \$ **FREE**

PAYMENT / SHIPPING INFORMATION

COSTS (from above): \$ _____

SHIPPING: (order is mailed to requestor's address)

Express Mail**: \$24.00 (optional - U.S. only)

Regular mail: FREE

TOTAL COST: \$ _____

Payment type:    

check made payable to: **Macomb County Clerk**

**Delivery may take up to 2 days depending on the zip code and if request is not received before 10 am. Include prepaid express envelope if shipping outside U.S.

If paying by credit card, please enter information below:

Number: _____ - _____ - _____ - _____

Expiration Date: _____ - _____ CSC _____ (security code on back of card)

Billing Zip Code: _____

Cardholder Printed Name: _____

Signature (required): _____