

Macomb County Clerk & Register of Deeds Anthony G. Forlini  
CPL Replacement 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: gunboard@macombgov.org

**REQUESTOR'S INFORMATION**  
**(THIS IS THE MAIL BACK INFORMATION AND MUST MATCH DRIVER'S LICENSE)**  
**PRINT LEGIBLY**

Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**(COPY OF PHOTO ID OF CPL HOLDER MUST BE INCLUDED)**

Name of CPL holder: \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Cost: \$10.00**

**PAYMENT / SHIPPING INFORMATION**

COSTS (from above): \$ \_\_\_\_\_

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): \_\_\_\_\_

Payment type:    

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