Macomb County Clerk & Register of Deeds Anthony G. Forlini

Vital Records Certified Copy Request Form

MAIL FORM AND PAYMENT TO: Macomb County Clerk, Vital Records Office,

120 North Main Street, Mount Clemens, MI 48043

REQUESTOR'S INFORMATION PRINT LEGIBLY	
Name:	
Mailing Address:	City, State, Zip:
Driver's license number:	E-mail address:
BIRTH RECORDS (BORN IN MACOMB ONLY) (COPY OF REQUESTOR'S PHOTO ID MUST BE INCLUDED) Name of person on record Date of Birth Date of Birth Place of Birth Mother's full maiden name Father's full name Relationship to person: Delf Darent Heir Degal Guardian Dest: \$15.00	BUSINESS REGISTRATION Name of Business:
Additional copies: x \$5.00= \$ TOTAL: \$	
Applicant 1 (name on Application):	MILITARY DISCHARGE (Copy of requestor's photo ID MUST be included) Name Date of Birth Number of copies: \$\$
COSTS (from above): \$ SHIPPING: (order is mailed to requestor's address) Express Mail**: \$30.00 (optional - U.S. only) TOTAL COST: \$	PING INFORMATION
 Enclose 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. 	