

Jennifer Kelly
Houghton County Clerk/Register of Deeds
401 E. Houghton Avenue
Houghton, MI 49931
(906)482-1150
Fax: (906)483-0364

REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

I, _____, request a Birth Certificate
(NAME OF PERSON MAKING REQUEST)

for _____
(FULL NAME OF INDIVIDUAL AT BIRTH)

Date of Birth: _____ Place of Birth: _____
(Name of Hospital or City)

Father's Full Name _____

Mother's Full Name (Including maiden name) _____

If this is not your birth certificate, and you are a member of the immediate family, state your relationship: parent, husband, wife, child, grandparent or grand-child: _____

- A certified copy of a birth record may be issued to:
1. The individual to whom the record pertains.
 2. A parent named on the birth record.
 3. Any heir.
 4. An attorney, legal guardian or representative of the person, or the heirs when the registrant is deceased.
 5. Any person upon order of the Circuit Court.

Warning: A person who violates section 2894 of MCL is guilty of a misdemeanor punishable by imprisonment for not more than 1 year or a fine of not more than \$1,000, or both.

VITAL RECORD FEES

FIRST COPY OF EACH RECORD IS \$15.00. Additional copies of the **same record** are \$5.00.
SENIOR RATES (65+) FOR THEIR OWN BIRTH RECORDS ARE \$10.00. Additional copies are \$3.00.

Number of Copy(s) Requesting: _____

Applicant Signature Telephone Number

Mail Certified Birth Certificate(s) to:

A PHOTO COPY OF YOUR PICTURE IDENTIFICATION MUST ACCOMPANY YOUR REQUEST
