



OFFICE OF CITY CLERK

REQUEST FOR CERTIFIED COPIES OF BIRTH RECORD

**IF REQUESTING BY MAIL-SEND THIS APPLICATION TO:
CITY OF FARMINGTON HILLS
31555 ELEVEN MILE ROAD
FARMINGTON HILLS, MI 48336
ATTN: VITAL RECORDS**

\$15.00 FOR ONE COPY \$5.00 FOR ADDITIONAL COPIES (SAME ORDER) ALL COPIES ARE CERTIFIED

ALL REQUESTS MUST INCLUDE A COPY OF A VALID DRIVERS LICENSE OR STATE I.D.

INFORMATION AS IT APPEARS ON BIRTH RECORD

FULL NAME AT BIRTH _____

DATE OF BIRTH _____ NUMBER OF COPIES REQUESTED _____

MOTHER'S FULL MAIDEN NAME _____

IN ACCORDANCE WITH STATE LAW-(MCL 33.882)
YOU MUST BE ELIGIBLE TO OBTAIN A COPY OF A BIRTH RECORD

CHECK ONE THAT APPLIES

- PERSON NAMED ON BIRTH RECORD-(MOTHER, FATHER, CHILD)
- LEGAL GUARDIAN (MUST INCLUDE COURT ORDERED GUARDIANSHIP PAPER, CUSTODY WITHOUT GUARDIANSHIP DOES NOT APPLY)
- LEGAL REPRESENTATIVE (MUST PROVIDE INFORMATION ON OFFICIAL LETTERHEAD DOCUMENTING EVIDENCE OF REPRESENTATION TO CHILD, PARENT OR GUARDIAN)
- COURT – MUST STATE COURTS PURPOSE FOR OBTAINING RECORD

INFORMATION ABOUT APPLICANT

APPLICANT'S NAME _____

CURRENT ADDRESS _____

CITY STATE ZIP

I, the undersigned, affirm that I am in compliance with the Michigan statues in requesting this record

APPLICANT'S SIGNATURE _____

TELEPHONE NO. (_____) _____

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PENALTIES: Anyone who obtains, or attempts to obtain a vital record of another person with the intent to commit identity theft, or commit any other crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000 MCL 445.69