



JASON VANDERSTELT
NEWAYGO COUNTY CLERK
COUNTY BUILDING
P.O. BOX 885
WHITE CLOUD, MI 49349-0885

231/689-7235

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD
PRINT CLEARLY

Applicant Name: _____

Street: _____

City: _____ State _____ Zip _____

Phone #: _____

BIRTH RECORD INFORMATION

1. Name at Birth: _____
First _____ Middle _____ Last _____

2. Date and Place of Birth: _____
Date _____ Township OR City _____

3. Mother's Maiden Name: _____
First _____ Middle _____ Last _____

4. Father's Name: _____
First _____ Middle _____ Last _____

ELIGIBILITY TO RECEIVE BIRTH RECORD

Select the category that qualifies you to request and receive the birth record (check one):

Person Named on Record Legal Guardian (Court Order Required)
 Parent Named on Record Heir (Proof of Relationship Required)

MUST ENCLOSE A COPY OF PHOTO ID TO PROCESS ORDER

APPLICANT'S SIGNATURE: _____
Signature _____ Date _____

Birth Record Request Fees

Senior Citizen Birth Record Request Fees
Age 65+ Requesting Your Birth Record

One Certified Copy @	\$ 20.00 =	\$
_____ Add'l Copies @	\$ 7.00 =	\$
	Total Enclosed	\$

One Certified Copy @	\$ 14.00 =	\$
_____ Add'l Copies @	\$ 7.00 =	\$
	Total Enclosed	\$

(Fees Include Surcharge to MDCH)

MAIL THIS APPLICATION WITH A PHOTO COPY OF YOUR CURRENT DRIVER'S LICENSE
OR STATE I.D AND CHECK OR MONEY ORDER PAYABLE TO:
NEWAYGO COUNTY CLERK