



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

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

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

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