

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:		S	tate	Zip	
Phone #:					
	**RIRTH RECO	RD INFORMATION	**		
	DIKTIT KLEOI				
1. Name at Birth:					
	First	Middle	Last		
2. Date and Place of B	•		OD CI		
	Date	Townshi	Township OR City		
3. Mother's Maiden N		XC 1 II	T .		
4. Father's Name:	First	Middle	Last		
	First	Middle	Last		
	THSt	Middle	Last		
*	*ELIGIBILITY TO R	ECEIVE BIRTH RE	CORD**		
Select the category the	nat qualifies you to requ	est and receive the bir	th record (check o	one):	
☐ Person Named on Record ☐		☐ Legal Guardian (C	Legal Guardian (Court Order Required)		
		· ·	Heir (Proof of Relationship Required)		
***MUST ENC	CLOSE A COPY OF	F PHOTO ID TO P	ROCESS ORE	ER**	
APPLICANT'S SIGNA	ATURE:				
	Signature		Date		
Birth Record Request Fees		Senior Citizen Bir	Senior Citizen Birth Record Request Fees		
		Age 65+ Requesting	ng Your Birth Reco	ord	
One Certified Copy @	\$17.00 = \$	One Certified Cop	y @ \$ 11.00 =	\$	
Add'l Copies @	\$ 6.00 = \$	Add'l Copie	es @ \$ 6.00 =	\$	
T	otal Enclosed \$		Total Enclosed	\$	
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(Fees Include Surcharge to MDCH)