

Please attach receipt here:

MCL 333.2881
MDHHS Vital Statistics Manual

Patti Pacola
Lake County Clerk/ROD
800 10th Street Suite 200
Baldwin, MI 49304
(231) 745-2725
ppacola@co.lake.mi.us

REQUEST FOR VITAL RECORDS

All copies issued by this office are certified with a raised seal
The issue of certified copied is governed by Michigan Statutes

CURRENT FEES: \$10.00 – first certified copy
\$5.00 – additional certified copies (of the same record)

Applicant Name: _____

Street: _____ City: _____ State Zip _____

Phone: _____

Death Record *Number of copies requested:* _____

Name: _____

Date of Death: _____

What is your relationship to the person on record? _____

Marriage Record *Number of copies requested:* _____

Name on Record: _____

Name on Record: _____

Maiden Name: _____ Date of Marriage: _____

Please attach receipt here:

Birth Record

Number of copies requested: _____

Photo identification is required to request a Michigan Birth Record. Birth Records are restricted in Michigan and only the person or parent named on the record may request a copy that is less than 110 years old.

Name at Birth: _____

Date of Birth: _____ Birth Place: _____

Fathers Name: _____

Mother's Maiden Name: _____

What is your relationship to the person on record? _____

If applicants current name is different than how their birth name appears on the record, provide info (*required*):

Marriage (place of marriage): _____ Date of marriage: _____

DD-214

Name on the requested record: _____

Reason for request: _____

What is your relationship to the person on record? _____

Court Ordered New Legal Name (court order must be provided):

First: _____ Middle: _____ Last: _____

APPLICANTS SIGNATURE

DATE

IF RECORD IS TO BE MAILED, PLEASE COMPLETE THE FOLLOWING AND ENCLOSE A SELF STAMPED ENVELOPE FOR PROMPT RETURN OF YOUR REQUEST:

Name: _____

Street: _____

Please attach receipt here:

City: _____ State: _____ Zip: _____

Phone: _____

Pease sign in front of a Notary:

Sign

Print

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day
of _____, 20____

Notary Public

_____ County, _____

My Commission Expires: _____