



COUNTY OF ST. CLAIR



Jay DeBoyer, County Clerk/Register of Deeds
Angie Waters, Chief Deputy Clerk

201 McMorran Blvd., #1100
Port Huron, MI 48060
Phone: 810-985-2200 Fax: 810-985-4796

Due to new Michigan Department of Public Health regulations M.C.L. 333.2882 (A) this form must be completed in order to receive a birth certificate. The only person eligible to receive a birth record is the subject of the record, the natural father or natural mother.

Providing false information on this form is a felony punishable by law.

Person Requesting Certificate:

Name _____
Address _____
City _____ State _____ Zip _____
Contact Phone Number _____

****THE PERSON REQUESTING MUST ENCLOSE A PHOTO COPY OF THEIR DRIVER'S LICENSE OR STATE IDENTIFICATION****

BIRTH CERTIFICATE REQUESTED:

Name as appears on Birth Certificate:

First Middle Last
Date of Birth _____ City of Birth _____
Father's Name _____
Mother's Full Maiden Name _____

Enclose \$15.00 for one copy and \$6.00 for each additional copy. **Please enclose a SELF ADDRESSED STAMPED ENVELOPE for a prompt return of your request.**

SIGNED BY:

STATE OF _____
COUNTY OF _____

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

Notary Public
_____ County, _____
My commission expires: _____