



MAIN OFFICE
 P.O. Box 179
 341 South Jefferson
 Mason, MI 48854
 Phone: (517) 676-7201
 Fax: (517) 676-7254

BRANCH OFFICE
 Veterans Memorial Courthouse
 Lansing, MI 48933
 inghamclerk@ingham.org
 www.ingham.org

Barb Byrum
 INGHAM COUNTY CLERK

Birth Certificate Request Form

Please complete the form below and fax, mail or email it to my office. Please include all requested information and documentation listed below. Any missing information/documentation will likely delay the processing of your request. *Note: If your request is urgent, please indicate your request be sent via USPS Express mail for an additional charge of \$30.*

Birth certificates are not public record and may only be released to the individual named on the record, an heir of the individual named on the record or a legal guardian. A legal guardian must show a copy of the court documents signed by the judge giving the requestor guardianship. MCL 333.2882.(1)(a)

THE REQUESTOR MUST PROVIDE A PHOTOCOPY OF THEIR VALID, STATE ISSUED IDENTIFICATION TO REQUEST A BIRTH CERTIFICATE.

Full Name on Record:

(First)

(Middle)

(Last)

Date of Birth:

City of Birth:

Name of Mother:

Maiden Name:

Other Birth Parent's Name:

Is the person named above adopted? Yes No Were the parents married at the time of this birth? Yes No

REQUESTOR'S INFORMATION

Name:

Daytime Phone Number:

Mailing Address:

Signature (required):

PAYMENT INFORMATION

Schedule

Cost: \$20.00

Each Additional Copy x \$10

Expedite Mail *additional \$30.00 (optional)

Subtotal

Credit Card Service Fee (see right for amount)

Total

Non-Refundable Credit Card Fee

<u>Transaction Range</u>	<u>Service Fee</u>
\$0.01 > \$50.00	\$1.75
\$50.01 > \$75.00	\$2.00
\$75.01 > \$100.00	\$3.75
\$100.01 > \$150.00	\$5.75
\$150.01 > \$200.00	\$7.25

(For each additional increment of \$50.00 add \$2.00.)

Type of Payment: Check/Money Order Visa MasterCard Discover American Express

Credit Card Number: _____

Expiration Date: ____ / ____ Security Code: _____

Cardholder Name (PRINT) _____ Cardholder Signature _____

Cardholder's Billing Address _____

EMAIL REQUESTS TO: INGHAMCLERK@INGHAM.ORG

Please make checks payable to Ingham County Clerk.

***PENALTIES:** Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000.