

# Macomb County Clerk Carmella Sabaugh's Vital Records Certified Copy Request Form

Submit to the Macomb County Clerk Vital Records Office  
40 North Main Street, Mount Clemens, MI 48043 • Fax: (877) 443-9505 • E-mail: vitalstaff@macombgov.org

## REQUESTOR'S INFORMATION

PRINT LEGIBLY

Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### BIRTH RECORDS

(Copy of requestor's photo ID MUST be included)

Name of person on record \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Mother's full maiden name \_\_\_\_\_

Father's full name \_\_\_\_\_

Relationship to person:  Self  Parent  Heir  Legal Guardian

Legal Representative  Court of competent jurisdiction

Cost: \$15.00

Additional copies: \_\_\_\_\_ x \$5.00= \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### BUSINESS REGISTRATION

Name of Business: \_\_\_\_\_

Cost: \$15.00

Additional copies: \_\_\_\_\_ x \$5.00= \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### DEATH RECORDS

Name of Deceased \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death: \_\_\_\_\_

Cost: \$15.00

Additional copies: \_\_\_\_\_ x \$5.00= \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

### MILITARY DISCHARGE

(Copy of requestor's photo ID MUST be included)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number of copies: \_\_\_\_\_ FREE \$ \_\_\_\_\_

### MARRIAGE LICENSES

Bride's Full Maiden Name: \_\_\_\_\_

Groom's Full Name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_

Cost: \$15.00

Additional copies: \_\_\_\_\_ x \$5.00= \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

## PAYMENT / SHIPPING INFORMATION

COSTS (from above): \$ \_\_\_\_\_

SHIPPING: (will be mailed to requestor's address)

Overnight\*: \$24.00 (optional)

Regular mail: FREE

TOTAL COST: \$ \_\_\_\_\_

Payment type:        

cash  check made payable to Macomb County Clerk

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ - \_\_\_\_\_

Cardholder name (PRINT) \_\_\_\_\_

Cardholder signature (REQUIRED) \_\_\_\_\_

\*Delivery may take up to 2 days depending on the zip code and if request is not received before 1 pm. Rates are higher outside of the U.S.

For help completing this form call:  
Phone: (586) 469-5205

For additional forms call (888) 99-CLERK  
Fax-on-Demand Doc #3010  
Rev. 01/12