APPLICATION TO PLACE BIRTH RECORD ON FILE AT COUNTY VITAL RECORDS OFFICE

This form is to be completed by an individual who wants to have their birth record, or their child's birth record placed on file at the county clerk's office in the county where the birth occurred. This form should only be completed for a birth that occurred between 1933 and 1978, and the record was never placed on file at the county vital records office. Please note that you will not receive a copy of the birth record, it can only be sent to the county vital records office through completion this form.

Applicant (please print):

Current Name:	Today's date:
If name above is different from name on birth record, please explain:	
☐ I am the person named on the birth record	☐ I am the parent of the person named on the birth record
Current Mailing Address: _____	

Birth record Details:

Date of Birth:	Gender: ☐ Male ☐ Female	State file number (if known):

Name at Birth:	First	Middle	Last	

If the person named above is adopted or has had a legal name change (other than marriage) please indicate the type of change and that name below:

☐ Adoption _____ year ☐ Legal Name Change _____ year ☐ Other: _____ year

New Name (after change indicated above):	First	Middle	Last	

Place of Birth:	Hospital	City	County

Mother's Name (Before First Married):	First	Middle	Last
Father's Name:	First	Middle	Last

I would like the record above placed on file in the _____ clerk's office. **(Note: A birth record may only be placed on file in the county where the birth occurred).** If the city of birth has a local vital records office, the birth record will also be placed on file in that office. Births that occurred in Detroit may only be placed on file in the City of Detroit, not in Wayne County.

This section must be completed in the presence of a notary (if not notarized, your request will not be processed):

Applicant's signature: _____

Notary Statement:

Signed and sworn before me on the _____ day of _____, in the year _____.

Notary in _____ county, State of Michigan. My commission expires on _____.

_____
Signature of Notary

_____
Printed name of Notary

Mail this completed, notarized form to:
Vital Records
P. O. Box 30691
Lansing, Michigan 48909

Please allow at least 8 weeks for processing of this request.

You must mail this original application (no photocopies).
DO NOT FAX THIS COMPLETED APPLICATION