



MARLENE M. BRUNS
LAPEER COUNTY CLERK

County Complex Building
255 Clay Street
Lapeer, Michigan 48446

Phone 810 area code
667-0356
Circuit Court Division
667-0358
Fax 667-0362

MAIL REQUEST FOR VITAL RECORD

Birth certificates are confidential records and copies may be issued only to the individual to whom the record pertains, a parent named on the certificate, legal guardian or heir. If you are a legal guardian, please submit a copy of the guardianship papers from Probate Court. If you are an heir, please submit a signed, notarized statement showing the person's name, date of death, place of death, and your relationship to the deceased. For all birth record requests, submit a copy of your driver's license along with this form.

Fees

One certified copy of the record is **\$10.00**. Additional certified copies of the same record requested at the same time can be purchased for **\$3.00** each. Please make check or money order payable to: **LAPEER COUNTY CLERK**. Please **do not** send cash in the mail.

Type of Record and

Number of Copies Requested: _____ Birth _____ Death _____ Marriage _____ Other

Relationship to person to whom this record pertains:

_____ Self _____ Parent _____ Spouse _____ Legal Guardian _____ Other

Please specify the following information as it should appear on the record:

- Full Name: _____
- Date of Event: _____
- Place of Event: _____
(City, Township, or Hospital)

Birth and Death Records, please specify the following information:

- Father's Full Name: _____
- Mother's Full Name: _____

Marriage Records, please specify the following information:

- Name of Spouse _____

I, the undersigned, hereby certify that the foregoing is true to the best of my knowledge and belief, and I will not be using this certificate for fraudulent or deceptive purposes.

(Signature—Required) (Date)

Mail to: _____ (Print)

Address: _____

City, State, ZIP _____

Daytime Phone #: _____

FOR OFFICE USE ONLY	
Record#	_____
Mail - Yes	_____ No _____
No Record Found:	_____
Not available to Applicant	_____
Money Order	_____ Check _____
MO or CK#:	_____
Clerk:	_____
Date Mailed:	_____
VALIDATE BELOW	