

# 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:** \$ \_\_\_\_\_

### MARRIAGE LICENSES

Applicant 1 (name on Application): \_\_\_\_\_

Applicant 2 (name on Application): \_\_\_\_\_

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

**Cost:** \$15.00

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

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

### MILITARY DISCHARGE

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

Name \_\_\_\_\_

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

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

## PAYMENT / SHIPPING INFORMATION

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

SHIPPING: (order is mailed to requestor's address)

Overnight\*: \$24.00 (optional)

Regular mail: FREE

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

Payment type:        

check made payable to Macomb County Clerk

\*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.

If paying by credit card, please enter information below:

Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ CVV \_\_\_\_\_ (security code on back of card)

Billing Zip Code: \_\_\_\_\_

Cardholder Printed Name: \_\_\_\_\_ Signature (required): \_\_\_\_\_

**PICK UP OPTION:** Check here if you'd like to pick this order up at our office.  
If the order will be picked up by someone other than the requestor, please provide  
that person's name: \_\_\_\_\_  
Photo ID is required for pickup (by requestor or person named above).

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