

Macomb County Clerk & Register of Deeds Anthony G. Forlini Vital Records Certified Copy Request Form

Submit to the Macomb County Clerk Vital Records Office
120 North Main Street, Mount Clemens, MI 48043 • Fax: (586) 469-5123 • 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 (BORN IN MACOMB ONLY)

(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: \$2.00

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

TOTAL: \$ _____

DEATH RECORDS (DECEASED IN MACOMB ONLY)

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)

Express Mail**: \$30.00 (optional - U.S. only)

Regular mail: FREE

TOTAL COST: \$ _____

Enclose 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 10 am. Include prepaid express envelope if shipping outside U.S.