

BIRTH CERTIFICATE APPLICATION

| DOCUMENT INFORMATION | |
|---|-----------------------------|
| Full Name on Certificate: | |
| Date of Birth: | |
| Father's Full Name: | |
| Mother's Full Maiden Name: | |
| COST | |
| \$10.00 for first copy \$3.00 for each additional copy | Number of Copies requested: |
| INFORMATION OF PERSON REQUESTING RECORD | |
| Name: | |
| Street Address: | |
| City, State, Zip: | |

Signature: _____

Date: _____

- **Must also send a copy of picture ID along with request.**
- **By Michigan Law the individuals on the Birth Certificate are only able to obtain a copy unless the certificate is over 100 years old.**
- Please make payment to : Schoolcraft County Clerk
- Mail to: 300 Walnut Street, Room 164, Manistique, MI 49854