

BIRTH CERTIFICATE APPLICATION

DOCUMENT INFORMATION	
Full Name on Certificate:	
Date of Birth:	
Father's Full Name:	
Mother's Full 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