

# BIRTH CERTIFICATE APPLICATION

DOCUMENT INFORMATION	
Full Name on Certificate:	
Date of Birth:	
Father's Full Name:	
Mother's Full Maiden Name:	
<b>COST</b>	
\$10.00 for first copy	<b># of copies requested:</b>
\$3.00 for each additional copy	
INFORMATION OF PERSON REQUESTING RECORD	
Name:	
Street Address:	
City, State, Zip:	
Phone:	

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 payable to: Schoolcraft County Clerk
- Mail to: 300 Walnut St., Room 164, Manistique, MI 49854