

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: \$ _____

MILITARY DISCHARGE

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

Name _____

Date of Birth _____

Social Security Number: _____ - _____ - _____

FREE
Number of copies: _____ \$ _____

MARRIAGE LICENSES

Bride's Full Maiden Name: _____

Groom's Full Name: _____

Date of Marriage: _____

Cost: \$15.00

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

TOTAL: \$ _____

PAYMENT / SHIPPING INFORMATION

COSTS (from above): \$ _____

SHIPPING: (will be mailed to requestor's address)

Overnight*: \$24.00 (optional)

Regular mail: FREE

TOTAL COST: \$ _____

Payment type:    

cash check made payable to Macomb County Clerk

Credit Card Number: _____

Expiration Date: _____

Cardholder name (PRINT) _____

Cardholder signature (REQUIRED) _____

*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.

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

For additional forms call (888) 99-CLERK
Fax-on-Demand Doc # 3010
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