

# Vital Records Certified Copy Request Form

Lisa Brown, Oakland County Clerk • 1200 N. Telegraph Rd., Pontiac, MI 48341 • 248-858-0571

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## REQUESTOR'S INFORMATION

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be signed to process request)

**Birth/Death/Marriage Record Fees:** \$15.00 first copy, \$5.00 each additional copy of same record.

**Birth Record Fees (65 Years or Older of your own record):** \$10.00 first copy, \$5.00 each additional copy of same record.

~No checks~

## BIRTH RECORDS

(for births that occurred in  
Oakland County)

Number of copies requested:

- **Photo Identification** must be presented with this request or a copy mailed with this request.
- Birth certificate may not be available for 45-60 days after child's birth.

Check if 65 or  
older

Full Name of Person on Record: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City of Birth: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

If requestor's name is different than the name as it appears on the birth record, please provide:

1. Date of marriage: \_\_\_\_\_ 2. Place of marriage (State): \_\_\_\_\_

**Eligibility** – You must be eligible to request this birth record per MCL 333.2882\*. Check the box that applies to you:

- |  |  |
|--|--|
| <input type="checkbox"/> Person named on record  | <input type="checkbox"/> Court of competent jurisdiction (court order required)            |
| <input type="checkbox"/> Parent named on record  | <input type="checkbox"/> Legal Licensed Representative (letter of representation required) |
| <input type="checkbox"/> Legal Guardian (guardianship papers required)   | <input type="checkbox"/> Birth record is at least 100 years old                            |
| <input type="checkbox"/> Heir of deceased person named on record – Relationship/Date and Place of Death: _____ |  |

\***PENALTIES:** Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000.

## DEATH RECORDS

(for deaths that occurred in  
Oakland County)

Number of copies requested:

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

City of Death: \_\_\_\_\_

## MARRIAGE RECORDS

(for marriage licenses obtained in  
Oakland County)

Number of copies requested:

Marriage between (as appears on record): \_\_\_\_\_

And (as appears on record): \_\_\_\_\_  
First Middle Last Name at Birth or Maiden

Date of Marriage: \_\_\_\_\_  
First Middle Last Name at Birth or Maiden

Rev. 3/12/19

For office use only: File # \_\_\_\_\_ Clerk's Initials \_\_\_\_\_ I.D. Verification: DL \_\_\_\_\_ State ID \_\_\_\_\_ Other \_\_\_\_\_