

Muskegon County Clerk's Office
1903 Marquette Suite A104
Muskegon, MI 49442
Ph: 231-724-6221 FAX: 231-724-6262
www.co.muskegon.mi.us/clerk

OFFICE USE ONLY	
_____	ID Enclosed
_____	SASE Enclosed
_____	Payment Enclosed
_____	Check or MO# _____

***** COMPLETE THIS PORTION FOR ALL REQUESTS *****

Requester's Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

REQUESTER'S SIGNATURE: _____ Daytime Phone: _____

****COPY OF REQUESTER'S PHOTO I.D. IS REQUIRED FOR ALL RECORDS****

Self-addressed stamped envelope requested for mail-in requests.

Make check or money order payable to: **MUSKEGON COUNTY CLERK**

_____ **\$20.00** for first copy _____ **\$10.00** for additional copies of same record

_____ **\$10.00** 65 years or older (*applicant's birth record only*)

CERTIFIED COPY OF A BIRTH CERTIFICATE – see instructions on next page

- Name at Birth: _____
First Middle Last
- Date of Birth: _____
Month Date Year
- Place of Birth: _____
Hospital (if known) City County
- Mother's Name: _____
(MAIDEN) First Middle Maiden
- Father's Name: _____
First Middle Last
- Person requesting birth certificate (circle one) **SELF MOTHER FATHER OTHER LEGAL GUARDIAN**

CERTIFIED COPY OF A MARRIAGE LICENSE

- Names at the time of application for marriage license:
Spouse 1: _____
First Middle Last
Spouse 2: _____
First Middle Last
- Date of Marriage: _____
Month Date Year
- County where license was obtained: _____

CERTIFIED COPY OF A DEATH CERTIFICATE

- Name of Deceased: _____
First Middle Last
- Date of Death: _____ Place of Death: _____
County City/Township

DD214

Name on record: _____ Discharge Date: _____

INSTRUCTIONS

Certified copies of birth certificates are available to eligible persons upon request. To obtain a certified copy of a birth record, pursuant to MCL 333.2882, the requester must be:

1. the individual who is the subject of the record
2. the parent(s) named on the record
3. an heir (presenting certified death certificate)
4. legal guardian, or
5. legal representative of the individual named on the record. (Legal representatives must show proof of said representation.)

Birth records for newborn children may not be immediately available. Please allow at least 14 days from the date of birth for the hospitals to get records to our office.

Send to Address or Fax number on Front:

You may submit this application by mail or by fax. Please note: a photocopy of ID is required for all requests. Please enlarge and lighten the copy so that all information is legible. If you fax your request, please make your payment on-line.

Methods of Payment Accepted:

- Cash – **for in-person transactions only**, please.
- Check or Money Order – make payable to **MUSKEGON COUNTY CLERK** and include the requester's phone number and ID number **and send with your mailed request**.
- Credit Card – **For faxed requests only**, make your payment on-line by going to www.govpaynow.com and using Pay Location Code (PLC) 5117. When paying for multiple records please make ONE payment so you are only charged ONE service charge. Confirmation of your payment will automatically be sent to our office.

Turn Around Time:

Most often records are processed and sent out within three days from the date the request is received. We have no control over mailing time. For express mail, call for the current postal rate before processing your payment.