



*Kimberly A. Hinkley*  
 Calhoun County Clerk and Register of Deeds  
 315 W. Green St., Marshall, MI 49068  
 (269) 781-0718 - Fax (269) 781-0721  
 Email clerk-ROD@calhouncountymi.gov

## BIRTH CERTIFICATE REQUEST FORM

**FULL Name at Birth:** \_\_\_\_\_

(Please Print)

**Your relationship to the person named above:** Self \_\_\_ Mother \_\_\_ Father \_\_\_ Other: \_\_\_\_\_

(Please Explain)

**Was the person above adopted?** Yes \_\_\_ No \_\_\_ Not Sure \_\_\_

Date of Birth: _____	City or Twp. of Birth: _____
Parent's <u>FULL MAIDEN</u> Name: _____	Parent's <u>FULL MAIDEN</u> Name: _____
Number of copies requested _____ 1 Senior (60 or older) Certified Copy.....\$10.00 1 Certified Copy.....\$20.00 Add-l. copies of <u>same</u> record.....\$ 5.00 (each) Fax/email Fee (if request is faxed/emailed to us).....\$ 3.00	<b>Method of Payment:</b> Cash _____ Check _____ Credit Card _____  Total \$ _____
Applicants Signature: _____  Todays Date: _____  Phone Number: _____	<b>IF CREDIT CARD: SERVICE FEES APPLY</b> VISA _____ MASTER CARD _____  CARD# _____  EXP.DATE _____  SECURITY CODE: _____ Cardholders Signature _____

\*\*\*\*\* **REQUIRED** \*\*\*\*\*

**Return Address Information:** Name \_\_\_\_\_

(Please Print)

Mailing Address \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

**YOU MUST INCLUDE A CLEAR, LEGIBLE COPY OF YOUR DRIVERS LICENSE  
 OR STATE ISSUED ID  
 AND A SELF-ADDRESSED STAMPED ENVELOPE**