

Calhoun County Clerk and Register of Deeds  
 315 W. Green St., Marshall, MI 49068  
 (269) 781-0718 - Fax (269) 781-0721

**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 \_\_\_\_\_

<b>Date of Birth:</b> _____	<b>City or Twp. of Birth:</b> _____		
<b>Father's <u>full</u> Name:</b> _____	<b>Mother's <u>full Maiden</u> Name:</b> _____		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <b>Number of copies requested</b> _____  <b>1 Certified Copy..... \$10.00</b>  <b>Add'l. copies of <u>same</u> record.....\$5.00 (each)</b>  <b>Fax Fee (if request if faxed to us).....\$3.00</b>  <b style="text-align: right;">Total \$</b> _____         </td> <td style="width: 50%; border: none;"> <b>Method of Payment:</b>  <b>Cash</b> _____  <b>Check</b> _____  <b>Credit Card</b> _____         </td> </tr> </table>		<b>Number of copies requested</b> _____ <b>1 Certified Copy..... \$10.00</b> <b>Add'l. copies of <u>same</u> record.....\$5.00 (each)</b> <b>Fax Fee (if request if faxed to us).....\$3.00</b> <b style="text-align: right;">Total \$</b> _____	<b>Method of Payment:</b> <b>Cash</b> _____ <b>Check</b> _____ <b>Credit Card</b> _____
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<b>Applicant's Signature:</b> _____  <b>Today's Date:</b> _____ <b>Phone Number:</b> _____	<b>IF CREDIT CARD: <span style="color: red;">SERVICE FEES APPLY</span></b> <b>VISA</b> _____ <b>MASTER CARD</b> _____  <b>CARD#</b> _____  <b>EXP.DATE</b> _____  <b>SECURITY CODE:</b> _____ <b>Cardholders</b> <b>Signature</b> _____		

\*\*\*\*\* **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**