



**THERESA M. SPENCER  
LAPEER COUNTY CLERK**

County Complex Building  
255 Clay Street  
Lapeer, Michigan 48446

Phone 810 area code  
667-0356  
Circuit Court Division  
667-0358  
Fax 667-0362

MICHIGAN'S OLDEST COURTHOUSE

**MAIL REQUEST FOR VITAL RECORD**

(Not to be used for Court Documents)

Birth certificates are confidential records and copies may be issued only to the individual to whom the record pertains, a parent named on the certificate, legal guardian or heir. If you are a legal guardian, please submit a copy of the guardianship papers from Probate Court. If you are an heir, please submit a signed, notarized statement showing the person's name, date of death, place of death, and your relationship to the deceased. **For all birth record requests, submit a copy of your driver's license along with this form.**

**Fees**

One certified copy of the record is **\$15.00**. Additional certified copies of the same record requested at the same time can be purchased for **\$5.00** each. Please make check or money order payable to: **LAPEER COUNTY CLERK**. Please **do not** send cash in the mail.

Type of Record and

Number of Copies Requested:  Birth  Death  Marriage  Other

**Relationship** to person to whom this record pertains:

Self  Parent  Spouse  Legal Guardian  Other

Please specify the following information as it should appear on the record:

- Full Name: \_\_\_\_\_
- Date of Event: \_\_\_\_\_
- Place of Event: \_\_\_\_\_  
(City, Township, or Hospital)

**Birth and Death** Records, please specify the following information:

- Parent Birth Name: \_\_\_\_\_
- Parent Birth Name: \_\_\_\_\_

**Marriage** Records, please specify the following information:

- Name of Spouse \_\_\_\_\_

I, the undersigned, hereby certify that the foregoing is true to the best of my knowledge and belief, and I will not be using this certificate for fraudulent or deceptive purposes.

\_\_\_\_\_  
(Signature—Required) (Date)

Mail to: \_\_\_\_\_ (Print)

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

City, State, ZIP \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b>	
Record#	_____
Mail - Yes	<input type="checkbox"/> No <input type="checkbox"/>
No Record Found:	_____
Not available to Applicant	_____
Money Order	<input type="checkbox"/> Check <input type="checkbox"/>
MO or CK#:	_____
Clerk:	_____
Date Mailed:	_____
<b>VALIDATE BELOW</b>	