



LORI MARTIN
 Clare County Clerk – Register of Deeds
 Official Abstractor

Joy Bringold – Chief Deputy
 Stacy B. Pechacek – Chief Deputy

225 W. Main St
 P.O. Box 438
 Harrison, MI 48625
 Tel. (989) 539-7131
 Fax (989) 539-6616

MAIL APPLICATION FOR A CERTIFIED COPY CLARE COUNTY BIRTH RECORD

The Clare County Clerk's office has records of births that occurred in **Clare County** and were filed with the County since 1879. A certified copy of a birth record will bear an embossed raised seal.

PLEASE INCLUDE A COPY OF YOUR VALID STATE OR GOVERNMENT ISSUED ID

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| APPLICANT (PERSON REQUESTING RECORD) | | PLEASE PRINT CLEARLY AND LEGIBLY | |
| Please provide your name, complete mailing address, and a daytime phone number to contact you if there is a question. Your signature is required in order to process your order (see back of application). | | | |
| Applicant's Name: | | Today's Date: | |
| Address: | City/State: | Zip: | |
| Driver's license number or state ID number: | | | |
| Telephone Number: | | | |

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| ARE YOU ELIGIBLE TO REQUEST AND RECEIVE THIS BIRTH RECORD? CHECK THE BOX THAT APPLIES TO YOU. | |
| ELIGIBILITY: Select the category that qualifies you to request and receive the requested Clare County birth record: | |
| <input type="checkbox"/> Birth record is at least 100 years old <input type="checkbox"/> Person named on the record* <input type="checkbox"/> Parent named on the record* <input type="checkbox"/> Court of competent jurisdiction (Court order required) <input type="checkbox"/> Legal guardian of the person named on the record (Copy of court documented guardianship papers required) <input type="checkbox"/> Legal representative of the person named on the record (Official letter required; provide your state license number and name of the person represented) <input type="checkbox"/> Heir of the deceased person named on the birth record (Copy of the death certificate) | |
| *If the applicant's name is different than the name as it appears on the requested birth record, provide information required below: Different due to marriage, indicate date of marriage: _____ and place of marriage (state) _____ | |
| Or, different for another reason, please explain _____ | |

WE CANNOT PROCESS YOUR ORDER WITHOUT PAYMENT. PLEASE REMEMBER TO INCLUDE A MONEY ORDER (CHECKS ARE NOT ACCEPTED) PAYABLE TO "CLARE COUNTY CLERK" AND A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST. PLEASE SEND A COPY OF DRIVER'S LICENSE OR PICTURE IDENTIFICATION.

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| IF THE RECORD IS NOT FOUND, A \$10.00 SEARCH FEE WILL BE DEDUCTED FROM THE AMOUNT ENCLOSED. | | |
| ONE CERTIFIED COPY: | \$15.00 (Includes \$10.00 Search Fee) | \$ 15.00 |
| ____ ADDITIONAL CERTIFIED COPIES OF THE SAME RECORD: | \$ 5.00 (EACH) | \$ |
| SENIOR CITIZENS (AGE 65 & OVER) ONE CERTIFIED COPY: | \$ 6.00 | \$ |
| ____ ADDITIONAL CERTIFIED COPIES OF THE SAME RECORD: | \$ 4.00 (EACH) | \$ |

REQUESTED BIRTH RECORD INFORMATION

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| BIRTH INFO NEEDED TO LOCATE CLARE COUNTY BIRTH RECORD | NAME AT BIRTH OR ADOPTED NAME IF APPROPRIATE _____ FIRST MIDDLE LAST | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | DATE OF BIRTH _____ MONTH DAY YEAR |
| | PLACE OF BIRTH: CITY/TOWNSHIP _____ COUNTY _____ | | |
| PARENT'S NAME BEFORE FIRST MARRIED: FIRST _____ MIDDLE _____ LAST NAME AT BIRTH _____ | | State of Birth (or country if not U.S.) _____ | |
| PARENT'S NAME BEFORE FIRST MARRIED: FIRST _____ MIDDLE _____ LAST NAME AT BIRTH _____ | | State of Birth (or country if not U.S.) _____ | |
| Please provide any additional information that would help us locate the record, such as other names that the child or mother have used. | | | |
| Please indicate purpose for requesting record: _____ | | Do you know if a birth record has ever been issued? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| *Is the person named on the record adopted? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, also indicate original name (First, Middle, Last) if known: _____ | | ADOPTION INFORMATION: If you are an adopted person trying to find your <u>original</u> birth record, you should contact the court in the county where your adoption was finalized. | |

STATEMENT OF ENTITLEMENT: Misstating an identity or assuming the identity of another person is subject to criminal penalties, e.g., Michigan Compiled Laws 333.2894(b) and 333.2898 and federal laws relating to falsification in obtaining a birth record. By signing this application, I state that I am the person named on the record; one of the parents named on the record; an eligible legal guardian, legal representative or heir of the person named on the record that is being requested; an authorized agent of a court of competent jurisdiction, or the record is at least 100 years old. I certify by my signature that the information provided by me is complete and accurate.

APPLICANT'S SIGNATURE: (Sign Here) _____
 MUST BE SIGNED AND FEE PAID IN ORDER TO PROCESS REQUEST

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| OFFICE USE ONLY: | DATE RECEIVED: | DATE RETURNED: |
| | | |

MAIL SIGNED APPLICATION, SELF ADDRESSED STAMPED ENVELOPE AND APPROPRIATE FEE TO:

**CLARE COUNTY CLERK
 ATTN: VITAL RECORDS DEPARTMENT
 225 W. MAIN STREET, P.O. BOX 438
 HARRISON, MI 48625**

ANY QUESTIONS, CALL (989) 539-7131