



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. It is an accepted document for obtaining a passport, social security benefits, driver's license, etc.

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:			

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.		
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

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

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