



LORI MARTIN
 Clare County Clerk – Register of Deeds
 Official Abstractor
 Cindy Wright – Deputy Clerk

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 CATEGORY THAT APPLIES TO YOU.

ELIGIBILITY: Use the Drop Down Menu to Select the category that qualifies you to request and receive the requested Clare County birth record:

USE DROP-DOWN MENU BELOW TO SELECT YOUR CATEGORY:

*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)	\$ <input type="text"/>
<input type="text"/> ADDITIONAL CERTIFIED COPIES OF THE SAME RECORD:	\$ 5.00 (EACH)	\$ <input type="text"/>
SENIOR CITIZENS (AGE 65 & OVER) ONE CERTIFIED COPY:	\$ 6.00	\$ <input type="text"/>
<input type="text"/> ADDITIONAL CERTIFIED COPIES OF THE SAME RECORD:	\$ 4.00 (EACH)	\$ <input type="text"/>

REQUESTED BIRTH RECORD INFORMATION

BIRTH INFO NEEDED TO LOCATE CLARE COUNTY BIRTH RECORD	NAME AT BIRTH OR ADOPTED NAME IF APPROPRIATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	GENDER <input type="radio"/> MALE <input type="radio"/> FEMALE	DATE OF BIRTH <input type="text"/>
		FIRST	MIDDLE	LAST		MONTH DAY YEAR

PLACE OF BIRTH: HOSPITAL CITY/TOWNSHIP COUNTY

MOTHER'S NAME BEFORE FIRST MARRIED: FIRST MIDDLE LAST

Mother's State of Birth (or country if not U.S.)

FATHER'S NAME: FIRST MIDDLE LAST

Father's 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: <input type="text"/>	Do you know if a birth record has ever been issued? <input type="radio"/> YES <input type="radio"/> NO
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*Is the person named on the record adopted? <input type="radio"/> YES <input type="radio"/> NO If yes, also indicate original name (First, Middle, Last) if known: <input type="text"/>	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.
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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:

PLEASE SEND A COPY OF DRIVER'S LICENSE OR PICTURE IDENTIFICATION ALONG WITH 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