

Application for a Certified Copy of Birth Certificate

County of Cheboygan, Michigan

NAME: _____
(First) (Middle) (Last)

DATE of BIRTH: _____ PLACE of BIRTH: _____

MOTHER'S MAIDEN NAME: _____
(First) (Middle) (Last)

FATHER'S NAME: _____
(First) (Middle) (Last)

Number of Certified Copies Request: _____

Fee Schedule

1st Certified Copy \$10.00

Each additional copy purchased at the same time as the first is \$3.00

PLEASE NOTE: IDENTIFICATIONS MUST BE SHOWN

Copies of birth certificates may be released ONLY to the following person:

- A. The person who is the subject of the record.
- B. A parent (listed on birth certificate) of the person who is the subject of the record
- C. A Direct Heir: Providing proper paperwork to show being an heir.
- D. If they are deceased, provide death certificate of the person who is the subject of the record.
- E. Legal representative/guardian, please provide court order stating that you are and that you may obtain their birth certificate in the order itself.

By signing this document, I am stating that I am not using this certificate for fraudulent or deceptive purposes (MCL 333.2894 Prohibited Conduct).

Signature

Date