

LAWRENCE KESTENBAUM  
County Clerk/Register of Deeds - Vital Records  
200 North Main Street, Suite 100  
P. O. Box 8645  
Ann Arbor, MI 48107-8645  
Telephone Number: 734-222-6720



M.C.L.A. 333.2881 ex seq.  
M.D.P.H. Vital Statistics Manual

If mailing request include a copy of valid  
Driver's License or State ID

## WASHTENAW COUNTY – REQUEST FOR CERTIFIED COPIES

FIRST COPY OF EACH BIRTH, DEATH, OR MARRIAGE RECORD: \$15.00;  
ADDITIONAL COPIES OF SAME RECORD AT SAME TIME: \$5.00  
NOTE: BIRTH CERTIFICATES FOR 65 & OVER –\$5.00 PER COPY

### FILL OUT APPROPRIATE SECTION AND COMPLETE BOTTOM PORTION

**Birth** Number of copies \_\_\_\_\_

FULL NAME ON BIRTH RECORD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOSPITAL OR CITY OF BIRTH: \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

**Marriage** Number of copies \_\_\_\_\_

GROOM'S NAME AT TIME OF APPLICATION: \_\_\_\_\_

BRIDE'S NAME AT TIME OF APPLICATION: \_\_\_\_\_

BRIDE'S MAIDEN NAME: \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_\_\_

**Death Military Discharge Business Name** Number of copies \_\_\_\_\_

NAME ON RECORD: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_  
(date of Death                      date of Military Discharge filing                      date of Business filing)

**\*\* THE FOLLOWING INFORMATION MUST BE COMPLETED \*\***

Requester's Name \_\_\_\_\_ (If by mail include copy of DL/ID)

Address \_\_\_\_\_ City / State \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Zip Code \_\_\_\_\_

\*\*\*SIGNATURE: \_\_\_\_\_

-----Do not write below this line-----

DL \_\_\_\_\_ STATE ID#: \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRES \_\_\_\_\_

CLERK \_\_\_\_\_ PAYMENT CA CK CC RECORD NUMBER \_\_\_\_\_

Rev 10/06

SAFETY PAPER NUMBERS: A \_\_\_\_\_ B \_\_\_\_\_

WCCR0025