

Michelle Q. Crocker

LEELANAU COUNTY CLERK 8527 E Government Center Dr, Suite 103 Suttons Bay, Michigan 49682

## Application for a Certified Copy of a Birth Record

Please Print Clearly					
Name at Birth				Date of Birth	
First	Middle		Last		
Mother's Maiden Name					
	rst	Middle	Last		
Father's Name					
First	Middle		Last		
Please check box in appr	opriate area—				
My relationship	to the person in Line 1	is:			
Individual N	amed in Line 1				
Parent Nam	ed on Record				
Legal Guard	lian—Please enclose a	copy of the leg	al guardianship pa	pers.	
Heir—Spec	fy your relationship to the	he person on Li	ne 1		
If you stated	l your relationship as ar	n heir, please pi	rovide proof of deal	th.	
must send a photocopy of be expired). Do not send	cash. Application mus	t be signed to	process your req	uest.	ense/State ID cannot
Applicant's Signature				 Date	
Applicant's Phone Number	r:				
Subscribed and sworn to before me, a Notary Public, in and for					County,
	thisd	ay of			
					_
	Notary Signature		My Commissi	on Expires	
Print the name and mailin the record(s) are to be se		to whom	First Certified copy	v @ \$10.00	
			□ Additional copies @ \$5.00 ea		
Name			Question Otting at 11		
Address			*65 or older	r self) @ \$7.00	
City/State/Zip			Senior Citizen additional copies @ \$5.00 ea		