MAIN OFFICE
P.O. Box 179
341 South Jefferson
Mason, MI 48854
Phone: (517) 676-7201
Fax: (517) 676-7254

Barb Byrum
INGHAM COUNTY CLERK

BRANCH OFFICE
Veterans Memorial Courthouse
Lansing, MI 48933
inghamclerk@ingham.org
www.ingham.org

Birth Certificate Request Form

Please complete the form below and fax, mail or email it to my office. Please include all requested information and documentation listed below. Any missing information/documentation will likely delay the processing of your request. *Note: If your request is urgent, please indicate your request be sent via USPS Express mail for an additional charge of $30.*
Birth certificates are not public record and may only be released to the individual named on the record, an heir of the individual named on the record or a legal guardian. A legal guardian must show a copy of the court documents signed by the judge giving the requestor guardianship. MCL 333.2882.(1)(a)

THE REQUESTOR *MUST* PROVIDE A PHOTOCOPY OF THEIR VALID, STATE ISSUED IDENTIFICATION TO REQUEST A BIRTH CERTIFICATE.

Full Name on Record: _____
(First) (Middle) (Last)

Date of Birth: _____ City of Birth: _____

Name of Mother: _____ Maiden Name: _____

Other Birth Parent's Name: _____

Is the person named above adopted? Yes No Were the parents married at the time of this birth? Yes No

REQUESTOR'S INFORMATION

Name: _____

Daytime Phone Number: _____

Mailing Address: _____

Signature (required): _____

PAYMENT INFORMATION

Schedule

Cost: $20.00	_____
Each Additional Copy x $10	_____
Expedite Mail *additional $30.00 (optional)	_____
Subtotal	_____
Credit Card Service Fee (see right for amount)	_____
Total	_____

Non-Refundable Credit Card Fee

Transaction Range	Service Fee
$0.01 > $50.00	$1.75
$50.01 > $75.00	$2.00
$75.01 > $100.00	$3.75
$100.01 > $150.00	$5.75
$150.01 > $200.00	$7.25

(For each additional increment of $50.00 add $2.00.)

Type of Payment: Check/Money Order Visa MasterCard Discover American Express
Credit Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __
Expiration Date: __ __/__ __ Security Code: __ __ __
Cardholder Name (PRINT)_____ Cardholder Signature_____
Cardholder's Billing Address _____

EMAIL REQUESTS TO: INGHAMCLERK@INGHAM.ORG **Please make checks payable to Ingham County Clerk.**

***PENALTIES:** Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to $25,000.

Updated 12/15/17