

**COUNTY OF ST. CLAIR, MICHIGAN
201 MCMORRAN BLVD.
ROOM 1100
PORT HURON MI 48060**

**MARILYN DUNN
County Clerk/Register**

Due to the Michigan Department of Public Health regulations M.C. L. 333.2882(a). This form must be completed in order to receive a birth certificate. The only person eligible to receive a birth record is the subject of the record, the natural father or natural mother.

PLEASE PRINT

PERSON REQUESTING CERTIFICATE:

Name _____

Address _____

City _____ State _____ Zip _____

- **The person requesting the birth certificate must enclose a copy of their driver's license or state identification.**

BIRTH CERTIFICATE REQUESTED:

First Middle Last

Date of Birth _____ City of Birth _____

Father's Name _____

Mother's Maiden Name _____

Enclose \$10.00 for one copy and \$5.00 for each additional copy. Please enclose a self-addressed, stamped envelope for a prompt return to your request.

Signature of Applicant Date

PHONE: County Clerk (810) 985-2200

Fax (810) 985-4796