



Vital Records Certified Copy Request Form

Nancy A. Selle Arenac County Clerk- 989-846-4262

120 N. Grove St. P.O Box 747, Standish MI 48658

REQUESTOR'S INFORMATION

PRINT LEGIBLY

Name: _____ Day Phone Number: _____

Address: _____ City, State Zip: _____

Signature: _____ Email: _____

(Must be signed to process request)

DBA RECORDS (DBA Filed in Arenac County)

\$10/ Copy requested: ☐

Name of Business _____ File Number _____

Filed Date _____

DD214 RECORDS (for DD214 Filed in Arenac County)

Number of copies requested ☐

Name of Branch _____ Record Number _____

Years enlisted _____

BIRTH RECORDS (for births that occurred in Arenac County)

Number of copies requested: ☐

Copy of unexpired government-issued photo ID must be provided with this request.

Birth certificates may not be available for 5-10 days after child's birth.

Full Name on Record: _____

First

Middle

Last Name at Birth

Date of Birth: _____ Place of Birth: _____

(MM/DD/YYYY)

City

Hospital

1. Was the person adopted? ☐ YES ☐ NO

2. Were the parents married at the time of the birth? ☐ YES ☐ NO

Parent Name 1 (before marriage): _____ Parent Name 2 (before marriage): _____

Eligibility - You must be eligible to request this birth record per MCL 333.2882*. Check the box that applies to you:

- ☐ Person named on record ☐ Court of competent jurisdiction (court order required)
☐ Parent named on record ☐ Legal Licensed Representative (letter of representation required)
☐ Legal Guardian (guardianship papers required) ☐ Birth record is at least 100 years old
☐ Heir of deceased person named on record - Relationship/Date and Place of Death: _____

* **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.

DEATH RECORDS (for deaths that occurred in Arenac County)

Number of copies requested: ☐

Decedent's Name on Record _____

First

Middle

Last Name at Death

Date of Death: _____ Place of Death: _____

(MM/DD/YYYY)

County

MARRIAGE RECORDS

Number of copies requested: ☐

Spouse 1 – Name on Record (Prior to this Marriage): _____

First

Middle

Last Name at time of application

Spouse 2 – Name on Record (Prior to this Marriage): _____

First

Middle

Last Name at time of application

Date of Marriage: _____ *Must have applied for Marriage License in Arenac County:

(MM/DD/YYYY)

PAYMENT / SHIPPING INFORMATION

Check payable to ARENAC COUNTY CLERK or Money Order

Costs (from above) \$ _____

\$15 for first copy, \$5 each additional copy of same record

Arenac County Clerk- Vital Records

SHIPPING: (order is mailed to requestor's address)

P.O. BOX 747

USPS Express Mail: \$40.00 (U.S. only)

Standish, MI 48658

Regular mail: FREE

TOTAL COST: \$ _____