PATRICIA TRUMAN
ALCONA COUNTY CLERK
PO Box 308
106 5th Street
Harrisville, MI 48740
(989) 724-9410

MCLA 333.2881 et seq
M.D.P.H. Vital Statistics Manual

REQUEST FOR VITAL RECORD

All copies issued by this office are certified with a "raised" seal.
The issue of certified copies is governed by Michigan statutes.

CURRENT FEES: **$12.00 - First Certified Copy**
$ 5.00 - Additional Certified Copies (of same record ordered at this time)

DEATH RECORD

Number of copies requested: _____

Full Name: _____

Date of Death: _____

MARRIAGE RECORD

Number of copies requested: _____

Full Name of Spouse: _____ ☐Male ☐Female

Full Name of Spouse: _____ ☐Male ☐Female

Date of Marriage: _____

BIRTH RECORD

Number of copies requested: _____

Photo identification is required to request a Michigan birth record. Birth records are restricted in Michigan and only a person or parent named on the record may request a copy.

Name at Birth: _____

Date of Birth: _____ Birth Place: _____

Parent Name: _____

Parent Name: _____

☐ I am requesting my own record. ☐ I am requesting my child's record.

☐ I am the legal representative of the person named and I have provided verification.

☐ I am an heir of the person named and I have provided verification.

I, the undersigned, affirm that I am in compliance with Michigan statutes in requesting the above record.

Signature: _____ Date: _____

Print Name: _____

Driver's License Number: _____

Daytime Phone Number: _____

Street Address: _____

City, State, Zip: _____