

STEPHANY ELLER
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: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Full Name of Spouse: _____ <input type="checkbox"/> Male <input type="checkbox"/> 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: _____ | |
| <input type="checkbox"/> I am requesting my own record. <input type="checkbox"/> I am requesting my child's record. | |
| <input type="checkbox"/> I am the legal representative of the person named and I have provided verification. | |
| <input type="checkbox"/> 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: _____

Daytime Phone Number: _____

Street Address: _____

City, State, Zip: _____