

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: **\$15.00 - 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: _____ <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: _____