

MECOSTA COUNTY CLERK'S OFFICE
400 ELM STREET
BIG RAPIDS, MICHIGAN 49307
(231) 592-0783

CERTIFIED COPY OF A BIRTH CERTIFICATE

1. Name at Birth _____
First Middle Last

2. Date of Birth _____
Month Date Year

3. Place of Birth _____
Hospital (If Known) City County

4. Mother's Name _____
First Middle Maiden

5. Father's Name _____
First Middle Last

6. Person requesting birth certificate (circle one) Self Mother Father Other

CERTIFIED COPY OF A MARRIAGE LICENSE

1. Names at the time of application for marriage license:

Man _____
First Middle Last

Woman _____
First Middle Maiden

2. Date of Marriage: _____

3. County where license was obtained: _____

CERTIFIED COPY OF A DEATH CERTIFICATE

1. Name of Deceased: _____
First Middle Last

2. Date of Death: _____ Place of Death: _____
County City/Township

APPLICANT'S NAME: _____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

APPLICANT'S SIGNATURE: _____ PHONE: _____

_____ \$10.00 for the first copy _____ \$5.00 for additional copies of same record

COPY OF PHOTO I.D. REQUIRED FOR ALL MAIL-IN BIRTH REQUESTS
MAKE CHECK PAYABLE TO: MECOSTA COUNTY CLERK

INSTRUCTIONS

Certified copies of birth certificates are available to eligible persons on request. To obtain a certified copy of a birth record the applicant must be:

1. The individual who is the subject of the record.
2. The parent (s) named in the record
3. Any heir.
4. Legal guardian.
5. Any legal representative of an eligible person. (Legal representatives must state whom they are representing and show proof of said representation.)

Birth records for newborn children are not immediately available. Please allow at least 30 days from date of birth for the hospitals to get the records to our office.

Our office will accept cash, personal check or money order for payment. Check or money order must be made payable to: **MECOSTA COUNTY CLERK.**

Birth Certificate should be mailed to:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____