

**MACKINAC COUNTY**

**APPLICATION FOR BIRTH RECORD**

**BIRTH RECORDS ARE CONFIDENTIAL:** Copies may be issued only to the individual to whom the records pertains, one of the parents named on the record, an heir, a legal representative, or legal guardian or pursuant to a court order. (MCLA 333.2882)

1. NAME ON RECORD: \_\_\_\_\_
2. DATE OF BIRTH: \_\_\_\_\_
3. PLACE OF BIRTH: \_\_\_\_\_
4. FATHER'S NAME: \_\_\_\_\_
5. MOTHER'S MAIDEN NAME: \_\_\_\_\_
6. YOUR RELATIONSHIP TO PERSON NAMED IN #1 ABOVE:  
\_\_\_\_ Self \_\_\_\_ Parent \_\_\_\_ Legal Guardian \_\_\_\_ Heir  
  
(Legal guardians must submit a copy of Guardianship Order and heirs must submit a copy of death record.)
7. IS THE PERSON NAMED ON LINE #1 ADOPTED? \_\_\_\_ Yes \_\_\_\_ No
8. NUMBER OF RECORDS DESIRED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Picture Identification  
(If applying in person)

MAKE CHECKS PAYABLE TO: Mackinac County Clerk

FEES: 1 Certified Copy \$10.00  
Each additional copy \$5.00

**IF APPLYING BY MAIL MUST INCLUDE  
PHOTO COPY OF PICTURE ID**