



CAROL A. McAULAY, C.C.O.
Clare County Clerk - Register of Deeds
Official Abstractor

Peggy Dundas - Chief Deputy Clerk
 Pamela Mayfield - Chief Deputy Register of Deeds

225 W. Main St.
 P.O. Box 438
 Harrison, MI 48625
 Tel. (989) 539-7131
 Fax (989) 539-6616

MAIL APPLICATION FOR A CERTIFIED COPY CLARE COUNTY BIRTH RECORD

The Clare County Clerk's office has records of birth that occurred in **Clare County** and were filed with the county since 1879. A certified copy of a birth record will bear an embossed raised seal. It is an accepted document for obtaining a passport, social security benefits, driver's license, etc.

APPLICANT (PERSON REQUESTING RECORD)		PLEASE PRINT CLEARLY AND LEGIBLY
Please provide your name, complete mailing address, and a daytime phone number to contact you if there is a problem. Your signature is required in order to process your order (see back of application).		
Applicant's Name:		Today's Date:
Address:	City/State:	Zip:
Driver's license number or state ID number:		
Daytime Phone: ()		

ARE YOU ELIGIBLE TO REQUEST AND RECEIVE THIS BIRTH RECORD?	CHECK THE BOX THAT APPLIES TO YOU
ELIGIBILITY: Select the category that qualifies you to request and receive the requested Clare County birth record:	
<input type="checkbox"/> Birth record is at least 100 years old <input type="checkbox"/> Person named on the record* <input type="checkbox"/> Parent named on the record* <input type="checkbox"/> Court of competent jurisdiction (Court order required) <input type="checkbox"/> Legal guardian of the person named on the record (Copy of court documented guardianship papers required) <input type="checkbox"/> Legal representative of the person named on the record (Official letter required; provide your state license number and name the person represented) <input type="checkbox"/> Heir of the deceased person named on birth record Provide information required below: Specify your relationship to decedent _____ State where death occurred _____ Date of Death (Year) _____ Decedents name at time of death _____	
*If the applicant's name is different than the name as it appears on the requested birth record, provide information required below:	
Different due to marriage, indicate date of marriage: _____ and place of marriage(state) _____	
Or different for another reason, please explain _____	

WE CANNOT PROCESS YOUR ORDER WITHOUT PAYMENT. PLEASE REMEMBER TO INCLUDE MONEY ORDER (CHECKS ARE NOT ACCEPTED) PAYABLE TO "CLARE COUNTY CLERK" AND SELF-ADDRESSED STAMPED ENVELOPE WITH REQUEST. PLEASE SEND A COPY OF DRIVER'S LICENSE OR PICTURE IDENTIFICATION.

ONE CERTIFIED COPY: ____ ADDITIONAL CERTIFIED COPIES OF THE SAME RECORD:	\$15.00 \$ 5.00 (EACH)	\$ \$
SENIOR CITIZENS (AGE 65 & OVER) ONE CERTIFIED COPY: ____ ADDITIONAL CERTIFIED COPIES OF THE SAME RECORD:	\$ 6.00 \$ 4.00 (EACH)	
TOTAL ENCLOSED: ..		\$

REQUESTED BIRTH RECORD INFORMATION

BIRTH INFO NEEDED TO LOCATE CLARE COUNTY BIRTH RECORD	NAME AT BIRTH OR ADOPTED NAME IF APPROPRIATE	FIRST _____ MIDDLE _____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH
		LAST _____		MONTH _____ DAY _____ YEAR _____
PLACE OF BIRTH: HOSPITAL _____ CITY _____ COUNTY _____				
MOTHER'S NAME BEFORE FIRST MARRIED: FIRST _____ MIDDLE _____ LAST _____				Mother's State of Birth (or country if not U.S.)
FATHER'S NAME: FIRST _____ MIDDLE _____ LAST _____				Father's State of Birth (or country if not U.S.)
Please provide any additional information that would help us locate the record, such as other names that the child or mother have used.				
PLEASE INDICATE PURPOSE FOR REQUESTING RECORD:			Do you know if a birth record has ever been issued? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Is the person named on the record adopted? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, also indicate original name (First, Middle, Last) if known:			ADOPTION INFORMATION: If you are an adopted person trying to find your <i>original</i> birth record, you should contact the court in the county where your adoption was finalized.	
<p>STATEMENT OF ENTITLEMENT: Misstating an identity or assuming the identity of another person is subject to criminal penalties, e.g., Michigan Compiled Laws 333.2894 (b) and 333-28987 and federal laws relating to falsification in obtaining a birth record. By signing this application, I state that I am the person named on the record; one of the parents named on the record; an eligible legal guardian, legal representative or heir of the person named on the record that is being requested; an authorized agent of a court of competent jurisdiction, or the record is at least 100 years old. I certify by my signature that the information provided by me is complete and accurate.</p> <p>⇒ APPLICANT'S SIGNATURE: (Sign Here) _____</p> <p style="text-align: center;">MUST BE SIGNED AND FEE PAID IN ORDER TO PROCESS REQUEST</p>				
OFFICE USE ONLY:		DATE RECEIVED:	DATE RETURNED:	

MAIL SIGNED APPLICATION, SELF ADDRESSED STAMPED ENVELOPE AND APPROPRIATE FEE TO:

**CLARE COUNTY CLERK
ATTN: VITAL RECORDS DEPARTMENT
225 W. MAIN ST., PO BOX 438
HARRISON, MI 48625**

ANY QUESTIONS, CALL (989) 539-7131