LAUREL J. BREUKER
NEWAYGO COUNTY CLERK
COUNTY BUILDING
P.O. BOX 885
WHITE CLOUD, MI 49349-0885

This form may be filled in on screen and then printed out to send through the mail. Start by Clicking on the Name at Birth - First Name field and then TAB to the next information fields.

231/689-7235

APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD
PRINT CLEARLY

Applicant Name:_____

Street:_____

City: _____State_____Zip_____

Phone #:_____

BIRTH RECORD INFORMATION

1. Name at Birth: _____
   First Middle Last
2. Date and Place of Birth: _____ _____
   Date Township/City
3. Mother's **Maiden** Name: _____
   First Middle Last
4. Father's Name: _____
   First Middle Last

ELIGIBILITY TO RECEIVE BIRTH RECORD

Select the category that qualifies you to request and receive the birth record (check one):

- ☐ Person Named on Record
- ☐ Parent Named on Record
- ☐ Legal Guardian (Court Order Required)
- ☐ Heir (Proof of Relationship Required)

MUST ENCLOSE A COPY OF PHOTO ID TO PROCESS ORDER

APPLICANT'S SIGNATURE: _____
Signature Date

Birth Record Request Fees

One Certified Copy @ $13.00 =	$
_____ Add'l Copies @ $ 5.00 =	$
Total Enclosed	$

Senior Citizen Birth Record Request Fees
Age 65+ Requesting Your Birth Record

One Certified Copy @ $ 7.00 =	$
_____ Add'l Copies @ $ 5.00 =	$
Total Enclosed	$

MAIL THIS APPLICATION WITH A PHOTO COPY OF YOUR CURRENT DRIVER'S LICENSE OR STATE I.D AND CHECK OR MONEY ORDER PAYABLE TO:
NEWAYGO COUNTY CLERK

RESET