

# ***OSCODA COUNTY***

## **APPLICATION FOR BIRTH RECORD**

**The fee is \$10.00 for the first certified copy and \$5.00 for each additional copy of the same record when ordered at the same time.**

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**Number of copies requested:** \_\_\_\_\_

**Name on Record: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**\*if adopted or had legal name change:**

**Last** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Date of Birth: Month:** \_\_\_\_\_ **Day:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Place of Birth: City:** \_\_\_\_\_ **State** \_\_\_\_\_

**Name of Father: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Maiden Name of Mother: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**ELIGIBILITY: Michigan law limits who can receive a certified copy of a Michigan birth record. You must select which category qualifies you to receive the requested record:**

**PERSON NAMED ON RECORD**

**OR**

**PARENT NAMED ON RECORD**

PA 452 includes "vital records" in the list of items defined as "personal identifying information". The law further states that anyone who obtains, or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000.

### **APPLICANTS INFORMATION:** (PERSON REQUESTING RECORD)

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature of Applicant – Acknowledged before a Notary Public**

(Signature) \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_ by person listed above.

Signature \_\_\_\_\_

Print \_\_\_\_\_

Notary Public, \_\_\_\_\_ County, in the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_ "Outside of MI requires Notary Seal"

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**Mail this Application with a check or money order payable to:**

Oscoda County Clerk's Office  
P.O. Box 399  
Mio, Michigan 48647

Or Fax to 989-826-1136

Clerk's Information Receipt # \_\_\_\_\_

\$ Amount \_\_\_\_\_

Date: \_\_\_\_\_