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.

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”

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: _______________