JIM RIFFLE
MASON COUNTY CLERK
304 E. LUDINGTON AVENUE
LUDINGTON, MI 49431 (231) 843-8202

APPLICATION FOR A CERTIFIED COPY OF A BIRTH RECORD
PRINT CLEARLY

1. Name at Birth:_____
   First Middle Last
2. Date of Birth_____
3. Place of Birth: _____
   City County
4. Mother's Maiden Name:_____
   First Middle Last
5. Father's Name:_____
   First Middle Last
6. Are you the person named on Line 1 above? (check one) _____ Yes _____ No
   If no, what is your relationship to the person on Line 1? (Must be a parent named on the birth record, or a legal guardian.)
7. Telephone Number _____

MUST HAVE SIGNATURE NOTARIZED

8. Applicant's Name: _____

   Street: _____

   City: _____ State _____ Zip _____

   Phone: _____

Applicant's Signature: _____
Signature Date

STATE OF _____
County of _____
On this _____ day of _____ A.D. _____, before me, personally appeared _____
_____ to me personally known to be the same person __ described in and who executed the foregoing instrument, and __ he__ acknowledged to me that __he__ executed the same.

_____Notary

_____
Printed Name

_____County, _____

State
My Commission expires: _____

Cost per request for a Certified Copy is $7.00. Additional copies of the same record ordered at the same time are $3.00 each.
Please send the following:

_____ Certified Copy: $7.00 For the First Copy

_____ Additional Copies of the Same Record: $3.00 Each

MAKE CHECK PAYABLE TO: **MASON COUNTY CLERK**

*****PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE**