cakelly@masoncounty.net (231) 843-8202

APPLICATION FOR A CERTIFIED COPY OF A BIRTH RECORD PLEASE PRINT CLEARLY

1.	Name at Birth:	T' .	Λ. Υ. 1 11	
		First	Middle	Last
2.	Date of Birth:			
3.	Dlaga of Divth			
3.	Frace of Birtin	City	County	
4.	Mother's Maiden Name:			
		First	Middle	Last
5.	Father's Name:	First	Middle	Last
6.		n named on Line 1 above? (check one) t is your relationship to the person on L		
		guardian. Please include a photo copy		
_				
7.	Telephone Numbe	r		
	QUEST WILI		•	Data
Driv	er License Number: _	Signature		Date
Tele				
	phone Number			
	phone Number			
\$5.00		ified Copy is \$15.00. Additional copies		
\$5.00	per request for a Certilogonal percent and the following:		s of the same record or	

MAKE CHECK PAYABLE TO: MASON COUNTY CLERK
***PLEASE INCLUDE A SELF ADDRESSED STAMPED No. 10
ENVELOPE***