Full Name on Birth Record:

_____

Date of Birth:_____

Mother's Full Maiden Name:

_____

Father's Name

_____

Requestor's Name:

_____

If requestor's name is different than record what is the reason for the name change?_____

Address to Mail Certified Birth Certificate(s) to:

_____

Eligibility: (Please check the box that applies to you)

_____ Individual on Record
_____ Parent on Record
_____ Court Ordered Legal Guardian
_____ Other

1st Copy is $15 Each Additional copy is $5

Number of Certified Copies: _____

_____

Applicant Signature **Date**

DL Number:_____

_____ _____

Notary Signature **Date**

County of _____
Commission Expires_____

(Seal)

BIRTH CERTIFICATES
VIA MAIL

Complete Attached Form –FAILURE TO COMPLETE ALL REQUESTED INFORMATION ON THE APPLICATION WILL RESULT IN THE RETURN OF YOUR APPLICATION.

- **Please make your Certified Check or Money Order payable to: City of Garden City**
- **$15.00 First Copy - $5.00 Any Additional Copies**
- **Be sure to include Return Address to Mail Certificate to**

- **MAIL REQUEST TO:**

ATTN: BIRTH RECORDS
CITY OF GARDEN CITY
6000 MIDDLEBELT
GARDEN CITY, MI 48135

AS OF SEPTEMBER 30, 1978, THE BIRTH CERTIFICATES OF ALL CHILDREN BORN IN GARDEN CITY ARE FILED IN OUR OFFICE. PRIOR TO THIS DATE, IF THE PARENTS WERE NOT MARRIED AT THE TIME OF BIRTH, OR THE CHILD WAS ADOPTED, THEY NEED TO CONTACT LANSING:

MICHIGAN DEPT OF PUBLIC HEALTH
VITAL RECORDS SECTION
3500 N LOGAN
LANSING MI 48914
517-335-8666
www.michigan.gov/mdch

INDIVIDUALS NOT BORN IN GARDEN CITY, THIS OFFICE DOES NOT HAVE HIS OR HER BIRTH CERTIFICATE.

ANYONE WHO OBTAINS, OR ATTEMPTS TO OBTAIN, A VITAL RECORD OF ANOTHER PERSON, WITH THE INTENT TO COMMIT ANY CRIME, IS GUILTY OF A FELONY.