



MAIL BIRTH CERTIFICATE REQUEST FORM
PLEASE PRINT CLEARLY

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? _____

Requestor's Address: _____

Address to Mail Birth Certificate(s) to: _____
(if different than requestor's address)

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

_____ Individual on Record

_____ Parent on Record

_____ Court Ordered Legal Guardian

_____ Other

Number of Certified Copies: _____ (1Copy is \$15, each additional copy is \$5)

Applicant Signature _____

Date _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20
by _____, who is personally known to me or who has produced
_____ as identification.

Notary Signature _____ Date _____

Notary Name _____

County of _____

State of _____

Commission Expires _____

(Notary Stamp AND SEAL REQUIRED)

Form must be completed and NOTARIZED -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 MAIL REQUEST TO: ATTN: BIRTH RECORDS
\$15.00 First Copy - \$5.00 Any Additional Copies CITY OF GARDEN CITY
6000 MIDDLEBELT RD
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 the Michigan Dept of Public Health:
Vital Records Section 3500 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.