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
- $15.00 First Copy - $5.00 Any Additional Copies

MAIL REQUEST TO: ATTN: BIRTH RECORDS
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.