



RUTH JOHNSON
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OAKLAND COUNTY – REQUEST FOR CERTIFIED COPIES OF BIRTH

*Misstating an identity or assuming the identity of another person is subject to criminal penalties. **

Date: _____ Number of Copies: _____

Requested By: _____

Address: _____ City/State: _____

Daytime Phone: _____ Zip Code: _____

Signature: _____

(To protect you and others from identity theft we require PHOTO IDENTIFICATION to be presented with this application.)

***PENALTIES:** Anyone who obtains, or attempts to obtain, a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000 per MCL 445.69.

INFORMATION AS IT APPEARS ON BIRTH RECORD:

Full Name on Record: _____

Date of Birth: _____ City of Birth: _____

Mother's Full Maiden Name: _____
First Middle Last

Father's Name: _____
First Middle Last

ELIGIBILITY – Are you eligible to request this birth record? (MCL 333.882) Please check box that applies to you:

- PERSON NAMED ON RECORD**
- PARENT NAMED ON RECORD**
- BIRTH RECORD IS AT LEAST 100 YEARS OLD**
- LEGAL LICENSED REPRESENTATIVE** (Must provide information on official letterhead documenting that you represent the person named on the record)
- COURT OF COMPETENT JURISDICTION** (Court order required)
- HEIR OF THE DECEASED PERSON ON THE BIRTH RECORD** (Relationship/Date and place of death: _____)
- LEGAL GUARDIAN** (Must provide copy of court orders)

If the applicant's name is different than the name as it appears on the requested birth record, please provide:

- 1) date of marriage _____ 2) place of marriage (state) _____
 3) other reason (explain) _____