

VITAL RECORDS REQUEST

To: Menominee County Clerk
County Courthouse
839 10th Avenue
Menominee, MI 49858
Phone: (906)863-9968 / Fax: (906)863-5819

From: Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

I am requesting a copy of a: BIRTH RECORD / MARRIAGE RECORD / DEATH RECORD

(Circle One)

****NOTE** Birth Records are only released to a person named on the record i.e: child or parent**

BIRTH

Name on Record: _____

Date of Birth: _____

Mother's Full Name (Maiden): _____

Father's Full Name _____

Relationship to Individual on Record:

Self / Mother / Father

(Circle One)

******* Birth Record Requests require a copy of a government issued photo ID *******

MARRIAGE

Names on Marriage Record: _____

Wife's Last Name at time of Application: _____

Date of Marriage: _____

DEATH

Name on Death Record: _____

Date of Death: _____

Fee: \$ 10.00 First Copy
\$ 3.00 Each Additional

Applicant Signature: _____

Amount Enclosed: \$ _____

Check Payable to: Menominee County Clerk