

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

****NOTE** Birth Records are only released to a person named on the record i.e: child or parent unless the record is 110 years or older.**

BIRTH

Name on Record: _____

Date of Birth: _____

Mother's Full Name (Maiden): _____

Father's Full Name: _____

Relationship to Individual on Record: Self / Mother / Father

******* 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: _____

Payment Calculator

First Copy is \$10.00 (\$7.00 if 65 years & older and requesting own record) \$ _____

Each Additional Copy: _____ x \$3.00 \$ _____

Total DUE \$ _____

Applicant Signature: _____

Check Payable to: Menominee County Clerk or credit/debit cards are acceptable.

Card Service Fee: (\$0.01 - \$20.00 = \$1) (\$20.01 - \$100.00 = \$3.50) (\$100.01 and higher is 3.5%)

*If paying by credit/debit card please fill in the boxes or call (906) 863-9968 to provide the information over the phone.

Card Payment Option	Name on Card	Billing Address (inc. zip code)
	Card Number	Expiration Date (MM/YYYY)
	Phone Number Associated With This Card	Security Code (back of card)
	Signature (Required) *With your signature, you are authorizing any applicable card service fee	