# REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE CASS COUNTY CLERK/REGISTER OF DEEDS

### Please read instructions on the reverse side. PRINT CLEARLY.

1.	Name							
	First		Middle	Last Name at Birth				
2.	Place of Birth:			Date of Birth:				
	City	Count	у		Month	Day	Year	
3.	Is the person to who	m this record perta	ins adopted?	Yes	No		_ Maybe	
4.	Mother's MAIDEN N	lame:						
		First	Middle	Last				
5.	Father's Name:							
	First		Middle	Last				
6.	What is your relation	nship with the perso	on on Line 1?					
App	licant's signature			Date				
san Iice	st per request for a Conner record ordered at the record ordered at the record showing the explorer records.	he same time are \$ piration date before	5.00 each. We <u>m</u> re we can issue tl	<u>ust</u> see a photod ne birth record t	copy of y hrough t	our c	urrent dr	iver's
Nu	mber of copies requ	ested	_ Send by overni	ght mail for \$18	.95 extra	? YE	s  No	
		**Se	earch fee is non-re	fundable**				
	MAKE CHE	CK/MONEY ORDE	R PAYABLE TO:	CASS COUNTY	CLERK/	REGI	STER	
		PLEASE	COMPLETE THE	FOLLOWING:				
	Name:							
	Street:							
	City:		State:	Zi	o:			
	APPLICANT'S PHO	ONE NUMBER:						
	Pleas	e include a self-ad	dressed stamped	d envelope with	your req	uest.		<b>=</b> 1
		CRED	IT CARD PAYMEN	NTS				
Naı	me on credit card:							
Billi	ing address:							
Pho	one number of card ho	older:						
Vis	a, Mastercard or Disc	over Credit Card Nu	umber:					
Exp	oiration:	Verificatio	n Code (three num	nbers on back of	card):			
	Signature of card holder	(MUST be same as app	olicant)		Date			
								1

#### **INSTRUCTIONS**

Certified copies of birth certificates are available to eligible persons on request. To obtain a certified copy of a birth record, the applicant must be:

- 1. The individual who is the subject of the record (15 years or older.)
- 2. The parent(s) named on the record.
- 3. Any heir (with certified death certificate).
- 4. Legal guardian (with certified papers).
- 5. Any legal representative of an eligible person. (Legal representative must state whom they are representing and show proof of said representation.)

The applicant must also show proper identification at the time of the request. If you are sending your request through the mail, please include a photocopy of your current driver's license showing the expiration date. Acceptable sources of identification include:

#### ANY ONE OF THE FOLLOWING:

Driver's License (expired less than 1 year) State I.D. Card (expired less than 1 year) Unexpired U.S. Passport Unexpired Foreign Passport U.S. Military Identification

## ONE OF THE FOLLOWING WITH SUPPORTING DOCUMENTS:

Employment photo ID with pay stub or W-2 form; School/College I.D. with proof of enrollment; Expired MI driver's license with vehicle registration or title; Department of Corrections I.D. card with probation documents or discharge papers

#### ANY TWO OF THE FOLLOWING:

Expired driver's license or I.D. card Unexpired state learner's permit Citizenship documentation U.S. selective service card Voter's registration card Unexpired pilot's card Bridge Card or MI-Health Card Vehicle registration Tax information

Vehicle registration
Tax information
W-2 income tax form
Bank statements
Real property tax bill
Professional license
Marriage certificate

DD-214

Secondary Documentation: correspondence, bills, etc.

**Unacceptable sources of identification** include social security card, documentation written in a foreign language, picture I.D. purchased online, pay check cashing I.D. card, unconfirmed picture I.D., Mexican Matricula or personal affidavits.

If you are requesting a birth certificate and the parents were not married at the time of the birth, and the child was born **prior to 1978**, the record must be obtained at the <u>Michigan Department of Community Health</u>. Their phone number is area code (517) 335-8666.

Our office will accept cash, personal checks, money order or credit card (Visa, Mastercard or Discover) for payment. Checks or money orders must be made payable to: Cass County Clerk/Register. Office hours are 8:00 a.m. through 5:00 p.m. Monday thru Friday.

You may send the request via fax, e-mail or mail:

Mailing Address: Cass County Clerk/Register

P.O. Box 355

Cassopolis MI 49031

Fax: (269) 445-4406

E-mail: <a href="mailto:clerk@cassco.org">clerk@cassco.org</a>