

**CITY OF MADISON HEIGHTS**  
**300 W. 13 MILE ROAD**  
**MADISON HEIGHTS, MI 48071**  
**(248) 583-0826**

**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: \_\_\_\_\_

**\$ 15.00 First copy**  
**\$ 5.00 Each Additional**

REQUESTED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

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: \_\_\_\_\_  
LAST MIDDLE FIRST

DATE OF BIRTH: \_\_\_\_\_  
MO/DAY/YEAR

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_  
LAST MIDDLE FIRST

FATHER'S NAME: \_\_\_\_\_  
LAST MIDDLE FIRST

- ELIGIBILITY :  PERSON NAMED ON RECORD  
 PARENT NAMED ON RECORD  
 LEGAL GUARDIAN (MUST PROVIDE COPY OF COURT ORDER)

Office Use Only

Local File # \_\_\_\_\_ Clerk's Initials \_\_\_\_\_