

Jodi Fetting
Tuscola County Clerk
www.tuscolacounty.org

Tuscola County Clerk's Office



440 N. State Street
Caro, MI 48723
989-672-3780

VITAL RECORD REQUEST FORM

Type of Record and Number of Copies Requested: _____ Birth _____ Death _____ Marriage

Relationship to person to whom this records pertains:

_____ Self _____ Parent _____ Spouse _____ Child _____ Legal Guardian _____ Other

Fees: One certified copy of the record is \$15.00. Additional certified copies of the same record requested at the same time can be purchased for \$5.00 each. Please make check or money order payable to: **Tuscola County Clerk**. Please **do not** send cash in the mail.

Photo ID: For all records requests, also submit a copy of your Driver's License or State issued picture ID and a self-addressed stamp envelope to mail return copies.

Birth Certificate Request by Mail: Please complete page 2 of this request form.

Birth, Death or Marriage Records: Please specify the following information as it should appear on the record:

- Full Name: _____
- Date of Event: _____
- Place of Event: _____ *CITY, TOWNSHIP OR HOSPITAL*
- Father's Full Name: _____
- Mother's Full Maiden Name: _____

Marriage Records, please also specify the following information:

- Name of Spouse: _____

I, the undersigned, hereby certify that the foregoing is true to the best of my knowledge and belief, and I will not be using this certificate for fraudulent or deceptive purposes.

Requestor's Printed Name

Requestor's Signature – Required

Date

Telephone Number: _____

FOR OFFICE USE ONLY

RECORD # _____

NO RECORD FOUND: _____

NOT AVAILABLE TO APPLICANT: _____

MO OR CK #: _____

CLERK: _____

DATE MAILED: _____

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VITAL RECORD REQUEST FORM Birth Certificate Request by Mail

Please submit to the Tuscola County Clerk's Office the completed Vital Record Request Form Pages 1 & 2, a copy of the Requestor's Driver's License or State issued picture ID and a self-addressed stamped envelope.

By signing this form, I understand that birth certificates are confidential records and copies may be issued only to the individual to whom the record pertains, a parent named on the certificate, a legal guardian or an heir.

I, the undersigned, certify I am qualified to receive the requested birth certificate as I am:

_____ The Individual

_____ A Parent

_____ An Heir

_____ A Legal Guardian – Copy of Guardianship Papers from Probate Court are Attached

Requestor Signature

Requestor Printed Name

Date

STATE OF MICHIGAN
COUNTY OF _____

Subscribed and sworn to before me on _____, 20____ by the person listed above.

Notary Public Signature

Printed Notary Name

My Commission Expires: