

REQUEST FOR VERIFICATION OF A MICHIGAN BIRTH RECORD

For Additional Information: (517) 335-8666

www.michigan.gov/mdch

Please type or print clearly and legibly

APPLICANT (PERSON REQUESTING VERIFICATION)		DATE: / /
Agency Name		
Applicant 's Name		
Mailing Address		
City/State/Zip		

APPLICANT 'S SIGNATURE: (Sign Here) _____

Must be signed in order to process. By signing this application, I understand that I am agreeing to pay for a search of the State of Michigan vital records. This does not guarantee that a record will be found.

VERIFICATION INFORMATION - A request for a verification of a Michigan birth record will be returned to you stamped with an indication that a record was identified which matched the supplied facts, or that no record could be identified which matched the supplied facts. State law (MCL 333.2881(2)) allows for verification of **ONLY name of the subject of the birth record, date of birth, place of birth and filing date.** This information must match exactly what is on the record. No copy of the record or additional information can be verified or supplied by the Vital Records Office. State law requires a \$10.00 fee for each search of the facts for verification.

FACTS TO BE VERIFIED		
Must match exactly what is on the record		
Child's Name		
_____	_____	_____
First	Middle	Last
Child 's Date of Birth		
_____	_____	_____
Month	Day	Year
Child's Place of Birth		

County		
Date of Filing - (Date the record was filed – Enter ONLY if you have a copy of the record)		
_____	_____	_____
Month	Day	Year

PAYMENT – For mail-in requests, payment can be made in U.S. funds by check or money order payable to the "State of Michigan". In addition, cash or a credit card can be used for counter requests. No checks if same-day service is requested.	
Each Verification Search (Non-Refundable)	\$ 10.00
* EXPEDITED SEARCH (Non-Refundable) (In addition to the regular search fee)	\$ 10.00
TOTAL ENCLOSED	\$

We cannot process your request without payment. When mailing, please remember to include check or money order.

<p>IF REGULAR SEARCH: VITAL RECORDS REQUESTS P.O. Box 30721 Lansing MI 48909</p>	<p>IF EXPEDITED SEARCH: VITAL RECORDS RUSH PO Box 30721 Lansing MI 48909</p>
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If you wish to have the results of the verification faxed to you, please indicate the fax number here:

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TURN-AROUND TIME
<p>REGULAR SEARCH - Processing time for mail-in requests will be approximately 3 weeks, depending on volume of requests received.</p> <p>EXPEDITED SEARCH – Processing time for a mail-in request will be approximately 2 weeks, depending on volume of requests received. A counter request will be processed in 1-2 hours.</p>

<p>VERIFICATION STAMP (for Vital Records Official Stamp)</p>
