REQUEST FOR VERIFICATION OF A MICHIGAN BIRTH RECORD

Michigan Department of Health and Human Services

For Additional Information: 517-335-8666 www.michigan.gov/vitalrecords

Please type or print clearly and legibly

APPLICANT (PERSON REQUESTING VERIFICATION)		**DATE: / /**
Agency Name		Area Code and Phone Number ( )
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 as matching the supplied facts, or that no record could be identified that matched the supplied facts. State law (MCL 333.2881(2)) allows for verification of **ONLY the 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 an $18.00 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 - Enter ONLY if you have a copy of the record. (Date the record was originally filed or received by the local registrar and not the date of issuance).

_____

Month Day Year

TURN-AROUND TIME

REGULAR SEARCH - Processing time for mail-in requests will be approximately 3 weeks, depending on volume of requests received.

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.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

VERIFICATION STAMP (for Vital Records Official Stamp)

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)	$ 18.00
EXPEDITED SEARCH Add $12.00 (In addition to the regular search fee)	$
TOTAL:	$

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

IF REGULAR SEARCH:
VITAL RECORDS REQUESTS
P.O. Box 30721
Lansing MI 48909

IF EXPEDITED SEARCH:
VITAL RECORDS RUSH
P.O. Box 30721
Lansing MI 48909

If you wish to have the results of the verification faxed to you, please indicate the fax number here:

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