

REQUEST FOR VERIFICATION OF A MICHIGAN MARRIAGE 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: _____

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 marriage 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 subjects of the marriage record, date of marriage, place of marriage and filing date (date the record was originally filed or received by the local registrar – not date of issuance)**. 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

Names on the Marriage Record

 First Middle Last

 First Middle Last

Date of Marriage

 Month Day Year

County of Marriage

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.

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 \$12.00 (In addition to the regular search fee)	Add	\$
TOTAL:		\$

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

IF REGULAR SEARCH:

P.O. Box 30721
 Lansing MI 48909

IF EXPEDITED SEARCH:

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:

() _____

VERIFICATION STAMP (Vital Records Official Stamp)