

# APPLICATION FOR A CERTIFIED COPY— MICHIGAN STILLBIRTH RECORD

Michigan Department of Health and Human Services

## PART 1 – APPLICANT INFORMATION (PERSON FILLING OUT THIS FORM)

Applicant's  
First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Mailing  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone w/ area code **\*Required** \_\_\_\_\_ Email \_\_\_\_\_

## PART 2 – RELATIONSHIP / INDICATE WHOSE RECORD YOU ARE REQUESTING

PER MCL 333.2882

- My Child  
 My Client (Licensed attorney representing parent of person named on record must provide letter of representation with client name and State Bar # on official letterhead. Must also provide ID for both attorney and client. We do NOT accept delegations of authority or information releases.)  
 I am an Heir of the Deceased – Relationship to decedent \_\_\_\_\_  
 Court of Competent Jurisdiction (Court Order & Fee Required)

Michigan law limits eligibility to receive a certified copy of a Michigan Stillbirth Record to the individuals specified above.

## PART 3 – INFORMATION TO LOCATE RECORD ON FILE

Child's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Date of Delivery (mm/dd/year) \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Place of Delivery (Hospital & County) \_\_\_\_\_  
Parent/Mother's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Parent/Mother's Date of Birth (mm/dd/year) \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Parent/Father's First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Parent/Father's Date of Birth (mm/dd/year) \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

## PART 4 – PURPOSE OF REQUEST

## PART 5 – APPLICANT SIGNATURE (PERSON FILLING OUT THIS FORM)

By signing, I understand I am agreeing to pay for a search of State of Michigan Vital Records. This does not guarantee that a record will be found. Falsifying an application for a vital record and/or assuming the identity of another person is subject to criminal penalties. Per MCL 333.2894(b) and 445.65.

### Your Signature:

(Must be original in ink, by hand) \_\_\_\_\_ Date: \_\_\_\_\_

## NO-FEE COPIES OF MICHIGAN STILLBIRTH RECORD

There are two (2) no-fee copies available for each Michigan Stillbirth record. This pertains to any requests over the life of the record. Changes or corrections to a Michigan Stillbirth record does not warrant additional no-fee copies. Once the two no-fee copies are claimed, the next copy requested will be at full price (\$34.00). Stillbirth records will be available within ten (10) days after the required identifying report is received by the state from the hospital or attending physician.

**COPY OF VALID IDENTIFICATION REQUIRED (SEE NEXT PAGE FOR ID & PAYMENT DETAILS)**

**APPLICANT IDENTIFICATION REQUIREMENTS (SEND PHOTOCOPIES; ORIGINALS WILL NOT BE RETURNED)**

**TIER 1**

One piece of documentation that establishes identity by itself.

- U.S. or Foreign Passport
- U.S. Passport Card
- U.S. or U.S. Territories Driver's License or Identification Card
- U.S. Military Identification Card with **both** picture and signature
- Other U.S. or U.S. Territories issued document that meets the following criteria: **Document must be unexpired, contain a photograph and at least the following information: name, date of birth, date of expiration, signature, and address.**

**-OR- TIER 2**

Must include all documentation listed in one of the following categories.

- Any of the documents in Tier 1 that expired within the past 5 years and any one document from Tier 3 issued within the past year
- Employment identification with photo, accompanied with a pay stub or W2 form issued within the past year
- Student identification with photo, accompanied by a current report card or other proof of current school enrollment. Both documents must be for the same institution.
- Department of Corrections photo identification card accompanied by probation or discharge papers issued within the past year
- If an inmate is currently incarcerated: a Department of Corrections photo identification card accompanied by a verification of incarceration on facility letterhead issued within the past year

**-OR- TIER 3**

Must include at least three (3) alternative documents from different sources from the list below; One must have been issued within the past year.

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| <ul style="list-style-type: none"> <li>● Any of the documents in Tier 1 expired more than 5 years</li> <li>● Social Security Card (must be signed)</li> <li>● Doctor/hospital/dentist bill</li> <li>● Health insurance card</li> <li>● Utility bill</li> <li>● Voter registration</li> <li>● Paycheck stub</li> <li>● Bank statement</li> <li>● Marriage or Divorce certificate</li> <li>● Your child's Birth certificate</li> </ul> | <ul style="list-style-type: none"> <li>● Motor vehicle registration</li> <li>● IRS form W-2</li> <li>● Baptismal certificate</li> <li>● Military DD-214 discharge paper or equivalent</li> <li>● School records</li> <li>● Letter or benefit statement from a government agency</li> <li>● Land or rental agreement</li> <li>● Military ID with <b>either</b> a picture <b>or</b> signature.</li> <li>● Other documents that establish identity to a degree equivalent to those listed in this tier</li> </ul> |
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**PART 6 – PAYMENT**

**Application Fee includes one Certified Copy or a No-Find Letter**

Base Fee includes one year search \$0 If available; <b>details on first page</b>	Specify Quantity _____	\$0	\$
First Paid Copy (after two free copies have been claimed)		\$34.00	\$
Additional Years to Search (If exact delivery year is unknown)	Specify Years _____	\$12.00 per year	\$
Additional Certified Copies	Specify Quantity _____	\$16.00 each	\$
Expedited "Rush" Processing	Reduces in-office time. (Does not affect mail time to/from our office)	\$12.00 additional	\$
CHECK or MONEY ORDER made out to the "State of Michigan" (Request will not be processed if payment is not included in envelope)	Total Amount Enclosed		\$

**PROCESSING TIMES FOR MAILED REQUESTS**

**REGULAR SEARCH**

Approximately 4 to 6 weeks of in-office processing time, depending on volume of requests received. Then sent via regular mail.

**EXPEDITED "RUSH" SEARCH**

Approximately 2 to 3 weeks of in-office processing time, depending on volume of requests received. Then sent via regular mail.

**ADDITIONAL INFORMATION: Results are sent USPS First Class Mail, Pre-Paid envelopes will NOT be accepted**

If you find that the above processing times do not meet your needs, please visit [www.michigan.gov/vitalrecords](http://www.michigan.gov/vitalrecords) or call our Eligibility Unit at **517-335-8666** to speak with a customer service representative about available options.

**MAIL APPLICATION (WITH PAYMENT AND REQUIRED DOCUMENTATION)**

**REGULAR MAIL TO:**  
Vital Records Requests  
P.O. Box 30721  
Lansing MI 48909

**RUSH MAIL TO:**  
Vital Records RUSH  
P.O. Box 30721  
Lansing MI 48909

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