

APPLICATION FOR AN APOSTILLED/AUTHENTICATED COPY— MICHIGAN BIRTH 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 BIRTH RECORD YOU ARE REQUESTING

PER MCL 333.2882

- Myself
- My Child (If adopted, only adoptive parents are eligible)
- I am the Legal Guardian, Custodial Party, or Power of Attorney (Copy of Court Order / Legal Documentation Required)
- My Client (Licensed attorney must provide letter of representation with client name and State Bar # on official letterhead, along with ID for both attorney and client. We do NOT accept delegations of authority or information releases.)
- Heir of the Deceased (If not a Michigan death, must provide COPY of death certificate)
- Relationship to decedent _____ • State where death occurred _____
 - Decedent's name at time of death _____ • Year of death _____
- Birth Record is at least 100 years old (no ID required) Court of Competent Jurisdiction (Court Order & Fee Required)

PART 3 – BIRTH INFORMATION (TO LOCATE BIRTH RECORD ON FILE)

First Name at Birth _____ Middle _____ Last _____

Date of Birth (mm/dd/year) ____/____/____ Place of Birth (City/County, State) _____

Birth Parent/Mother's Name _____ Birth Parent/Father's Name _____

Is the person named on the record Adopted? Yes No Gender Male Female X

If yes, Name AFTER Adoption First _____ Middle _____ Last _____

Adoptive Parent/Mother's Name _____ Adoptive Parent/Father's Name _____

Did the name of the Applicant or the Person (Child) on the birth record change due to Marriage? Yes No

If yes, Place of Marriage (State) _____ Date of Marriage (mm/dd/year) ____/____/____

First _____ Middle _____ Last _____

Did the Applicant or the Person (Child) on the birth record have a **Court Ordered Legal Name Change**? Yes No

If yes, Court Order Required First _____ Middle _____ Last _____

PART 4 – COUNTRY OF USE REQUIRED

Apostille/Authentication is for use **outside** of the U.S.

PART 5 – PURPOSE OF REQUEST

PART 6 – 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: _____

PAYMENT AND COPY OF VALID IDENTIFICATION REQUIRED (SEE NEXT PAGE FOR 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"> ● Any of the documents in Tier 1 expired more than 5 years ● Social Security Card (must be signed) ● Doctor/hospital/dentist bill ● Health insurance card ● Utility bill ● Voter registration ● Paycheck stub ● Bank statement ● Marriage or Divorce certificate ● Your child's Birth certificate | <ul style="list-style-type: none"> ● Motor vehicle registration ● IRS form W-2 ● Baptismal certificate ● Military DD-214 discharge paper or equivalent ● School records ● Letter or benefit statement from a government agency ● Land or rental agreement ● Military ID with either a picture or signature. ● Other documents that establish identity to a degree equivalent to those listed in this tier |
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PART 7 – PAYMENT

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

Base Fee (Includes one year search)		\$42.00	\$
Additional Years to Search (If exact birth year is unknown)	Specify Years _____	\$12.00 per year	\$
Additional Apostilled Copies	Specify Quantity _____	\$26.00 each	\$
Expedited "Rush" Processing	Reduces in-office time. (Does not affect mail time to/from our office)	\$25.00 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 WITH APOSTILLE / AUTHENTICATION

REGULAR SEARCH

Approximately 4 to 6 weeks of in-office processing at MDHHS, plus an additional 1 to 2 weeks at the Secretary of State's Office of the Great Seal. Then sent via regular mail. Completion time may vary, depending on volume of requests received.

EXPEDITED "RUSH" SEARCH

Approximately 2 to 3 weeks of in-office processing at MDHHS, plus an additional 1 to 2 weeks at the Secretary of State's Office of the Great Seal. 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 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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