

APPLICATION FOR A NON-CERTIFIED COPY— MICHIGAN HEIRLOOM 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 _____ • Date of death _____
- Birth Record is at least 100 years old (no ID required)

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

First Name at Birth _____ Middle _____ Last _____
 Gender Male Female X
 Date of Birth (mm/dd/year) ____/____/____ Place of Birth (City, County) _____
 Birth Parent/Mother's Name _____ Birth Parent/Father's Name _____

Is the person named on the record Adopted? Yes No

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

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

If the Applicant or the Person (Child) on the record has had a name change, please indicate below

Due to: Marriage Court Ordered Legal Name Change (Copy of court order required)

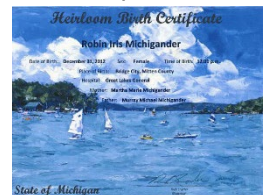
First Name _____ Middle _____ Last _____

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

PART 4 – SELECT STYLE OF HEIRLOOM BIRTH CERTIFICATE

Heirloom certificates are signed by the current governor and mailed in protective cardboard. Not for use as legal proof of birth. A contribution of \$20 is made to the Michigan Children's Trust Fund (established 1982) for each certificate purchase.

- Option 1 Option 2 Option 3 Option 4 Option 5



- Option 6: Purchase of Gift Certificate which recipient can redeem for an heirloom birth certificate
 Specify name of recipient, to appear on gift certificate _____

PAYMENT AND COPY OF VALID IDENTIFICATION REQUIRED (SEE NEXT PAGE FOR DETAILS)

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: _____

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.

- 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
- 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

PART 6 – PAYMENT

Application Fee includes one Non-Certified Heirloom Copy or one Gift Certificate

Base Fee	Non-refundable	\$40.00	\$
Additional Copies	Specify Quantity _____	\$40.00 each	\$
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

Approximately 4 to 6 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 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)

Vital Records Requests
P.O. Box 30721
Lansing MI 48909

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 belief, or disability.