



STATE OF MICHIGAN
OFFICE OF THE GREAT SEAL
LANSING

Instructions to Authenticate Recorded Documents Birth Certificate

We CAN authenticate: Only **Certified** copies from the County Clerk's office; City Clerks in the counties of Wayne, Oakland, or Macomb ONLY; or the State Registrar's office.

We CANNOT authenticate: From Court or Probate clerks. Do *not* get copies from these officials.

Notarized vital records

Photocopies of vital records.

Out of State Vital Records

To obtain recorded documents from a County Clerk:

- County Clerk telephone numbers are listed online and can also be found on our [website](#).
- Contact the County Clerk where the birth, marriage, divorce or death occurred.
- Request a *certified* copy of the document you need.
- Once you receive the certified copy of the document, either mail it to the Lansing office or bring it to one of our branch offices that provide authentication services ([see attachment](#)).
- [Wayne](#), [Macomb](#) and [Oakland](#) County recorded documents may be obtained from the City Clerks *in those counties only*.

To obtain recorded documents from the State Registrar:

- The telephone number for the State Registrar's office is 517-335-8666.
- Request a certified copy of the document and tell them it is for use in another country.
- You can make arrangements with the State Registrar's office to mail the document directly to the Office of the Great Seal for state authentication. Our office cannot provide status updates.
- If an Authenticated copy was not requested from State Registrar, you can mail it to the Lansing office or bring it to one of our branch offices that provide authentication services.
- You can also order recorded documents off their website. Their address is www.michigan.gov/mdch.



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Helpful Tips

- ✓ **Must be a certified copy by either the county clerk or the State Registrar.**
- ✓ **Record must be produced within 15 years.**
- ✓ **Do not notarize this document.**
- ✓ **No other papers can be attached to this document. It is a stand-alone document.**
- ✓ **Must be a Michigan Vital Record.**
- ✓ **Our Office does not authenticate Out of State Vital Records.**



STATE OF MICHIGAN
 OFFICE OF THE GREAT SEAL
 LANSING
Examples

**STATE OF MICHIGAN
 CERTIFICATE OF LIVE BIRTH**

State File Number: [REDACTED] Date Filed: July 5, 2006
 Child's Name: [REDACTED] Time: 12:39 am
 Date of Birth: June 10, 2006
 Gender: Female
 Child's Birthplace: Lansing, Ingham County
 Hospital: Sparrow Hospital
 Mother's Name Before First Married: [REDACTED]
 Mother's Birthplace: Ukraine Mother's Birthdate: April 16, 1975
 Mother's Name at Time of This Birth: [REDACTED]
 Father's Name: [REDACTED]
 Father's Birthplace: Ukraine Father's Birthdate: February 26, 1970

I hereby certify that the above is a true and correct representation of the birth facts on file with the Division for Vital Records, Michigan Department of Community Health.

Certified by: *Glenn Copeland* Date Issued: January 31, 2008
 Glenn Copeland AFS: 1432715
 State Registrar

10732285

DO NOT ACCEPT IF THERE APPEARS TO BE ANY ALTERATIONS OR ERASURES OF THE FACTS LISTED ABOVE. IF THE THREE HEAT SENSITIVE IMAGES ON THE BACK DO NOT DISAPPEAR WHEN RUBBED OR PRESSED, OR IF YOU CANNOT VERIFY THE PRESENCE OF WATERMARKS IN THE PAPER BY HOLDING TO LIGHT.



STATE OF MICHIGAN
OFFICE OF THE GREAT SEAL
LANSING

CERTIFICATION OF VITAL RECORD

COUNTY OF WASHTENAW

STATE OF MICHIGAN

STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF
LIVE BIRTH

2003-02332-B



121

CHILD	1. CHILD'S NAME [REDACTED]		2. SEX Male		3. MARITAL STATUS - Spouse, Trust, Divorced, etc. Single		4. PLACE OF BIRTH - Country, State, County, City, and Date of Birth [REDACTED]		5. TIME OF BIRTH 8:55 A.M.		
PLACE	6. HOSPITAL, HOME, OR OTHER PLACE OF BIRTH AND NUMBER Only of Michigan Hospital				7. CITY, VILLAGE, OR TOWNSHIP OF BIRTH Ann Arbor			8. COUNTY OF BIRTH Washtenaw			
CERTIFICATION	9. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE Signature: [REDACTED]						10. DATE Apr 19, 2003		11. CERTIFIER'S NAME & TITLE (How employed) Lola M. Gids, R.N.A.		
	12. SIGNATURE OF REGISTERER OR CLERK Peggy M. Haines						13. DATE RECEIVED BY LOCAL REGISTRAR MAY 05 2003				
MOTHER	14. MOTHER'S NAME (Last, Middle, First) [REDACTED]		15. MOTHER'S RESIDENCE (Street, City or Village, State) [REDACTED]		16. MOTHER'S SOCIAL SECURITY NUMBER [REDACTED]		17. STATE OF BIRTH - Name, County, & Post Office Michigan		18. DATE OF BIRTH [REDACTED]		
FATHER	19. FATHER'S NAME (Last, Middle, First) [REDACTED]		20. FATHER'S RESIDENCE (Street, City or Village, State) [REDACTED]		21. FATHER'S SOCIAL SECURITY NUMBER [REDACTED]		22. STATE OF BIRTH - Name, County, & Post Office [REDACTED]		23. DATE OF BIRTH [REDACTED]		
MOCH	24. SIGNATURE OF REGISTERER OR CLERK [REDACTED]		25. SIGNATURE OF REGISTERER OR CLERK [REDACTED]		26. SIGNATURE OF REGISTERER OR CLERK [REDACTED]		27. SIGNATURE OF REGISTERER OR CLERK [REDACTED]		28. SIGNATURE OF REGISTERER OR CLERK [REDACTED]		
Form Number	29. I, THE REGISTERER, CLERK, OR CLERK'S DEPUTY, CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										

I, PEGGY M. HAINES, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

DATE: MAY 5 2003

Peggy M. Haines
PEGGY M. HAINES
WASHTENAW COUNTY CLERK/REGISTER



STATE OF MICHIGAN
OFFICE OF THE GREAT SEAL
LANSING

LF _____
CF _____



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES

121- _____
STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH

CHILD	1. CHILD - NAME (First) _____ (Middle) _____ (Last) _____ (Suffix) _____			
	2. SEX Female	3a. PLURALITY - Single, Twin, Triplet, etc. (Specify) Single	3b. IF NOT SINGLE BIRTH - First, Second, Third, etc. (specify) Not Applicable	4a. DATE OF BIRTH (Month, Day, Year) June 02, 2020
PLACE	5a. HOSPITAL NAME (if not hospital, give Street and Number) Beaumont Hospital - Royal Oak		5b. CITY, VILLAGE, OR TOWNSHIP OF BIRTH Royal Oak	5c. COUNTY OF BIRTH Oakland
	6a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last) _____		6b. MOTHER'S FULL NAME BEFORE FIRST MARRIED (First, Middle, Last) _____	
MOTHER	6c. STATE OF BIRTH - NAME COUNTRY IF NOT USA China	6d. DATE OF BIRTH (Month, Day, Year) _____	6e. RESIDENCE - CITY, VILLAGE, OR TOWNSHIP (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF Rochester Hills TOWNSHIP OF _____	6f. COUNTY Oakland
FATHER	7a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last) _____		7b. STATE OF BIRTH - NAME COUNTRY IF NOT USA China	7c. DATE OF BIRTH (Month, Day, Year) _____
INFORMANT	8a. I CERTIFY THAT THIS PERSONAL INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. SIGNATURE _____ (PARENT OR OTHER INFORMANT)		8b. THE PARENT(S) REQUEST THAT INFORMATION ON THIS BIRTH BE RELEASED TO THE SOCIAL SECURITY ADMINISTRATION FOR ISSUANCE OF A SOCIAL SECURITY NUMBER AND CARD. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
CERTIFICATION	9a. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME, AND ON THE DATE AS PROVIDED. SIGNATURE _____ DATE 06/10/2020		9b. CERTIFIER'S NAME AND TITLE (Print or Type) _____	
REGISTRAR	10a. REGISTRAR'S SIGNATURE Melanie S. Halas		10b. DATE FILED BY LOCAL REGISTRAR (Month, Day, Year) June 11, 2020	

DCH-0481H (5/12/10)

I, Melanie Hslas, Clerk of the City of Royal Oak, Oakland County, Michigan, do hereby certify that the foregoing is a true copy of the record now remaining in my office.

639993

Melanie Halas

Melanie Halas
City of Royal Oak, Michigan

This copy is not valid unless displaying embossed seal and registrar signature.

WARNING! It is illegal to duplicate this copy by Photostat or Photograph. VALID ONLY WITH EMBOSSED SEAL.