## CHIPPEWA COUNTY CLERK 319 COURT STREET

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## RECORD REQUEST FORM

(Please check one of the following and indicate the number requesting) Type of Document: Number requesting Birth: Death: \_\_\_\_\_\_ Marriage: \_\_\_\_\_ DD214: \_\_\_\_\_ (No charge) Divorce: \_\_\_\_\_ No of Pgs: \_\_\_\_ (\$1.00 per page) (Note: A certified copy of a divorce record is \$10.00 for the first page and \$1.00 for each additional page) Relationship to the person named on record: Parent \_\_\_\_\_ Registrant \_\_\_\_\_ Other \_\_\_\_ FEES: VITAL RECORDS ARE \$10.00 FOR THE 1ST COPY AND \$5.00 FOR EACH ADDITIONAL COPY OF THE SAME RECORD. Please Print (ALL FIELDS MUST BE COMPLETE) Name on record: Date of birth/death/marriage/divorce: \_\_\_\_\_\_ Name of person requesting: Phone number: Address: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_