

CHIPPEWA COUNTY CLERK
319 COURT STREET
SAULT STE. MARIE, MI 49783
Catherine C. Maleport, Clerk
Office (906) 635-6300
Fax (906) 635-6851
Email – vitalrecords@chippewacountymi.gov

BIRTH RECORD REQUEST FORM

Number of copies requested: _____

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 note: Birth records are sealed to the public. Only individuals listed on the records are eligible to purchase them. A PHOTOCOPY OF A VALID STATE ID OR DRIVER'S LICENSE MUST BE ATTACHED TO THIS REQUEST. (Please note, the birth record can only be mailed to the address on the eligible applicants ID)***

Please Print (ALL FIELDS MUST BE COMPLETE)

Name on record: _____

Date of birth: _____

Name of mother (with maiden name): _____

Name of father: _____

Name of person requesting: _____

Phone number: _____

Address: _____

Date: _____ Signature: _____

This form must be signed faxed to (906) 635-6851 or emailed to vitalrecords@chippewacountymi.gov with a copy of a valid ID.