

Crawford County Clerk

200 West Michigan Avenue
Grayling, MI 49738
(989) 344-3207

APPLICATION FOR A CERTIFIED BIRTH CERTIFICATE

(Copy of I.D. is required for all birth records)

FEES: \$15.00 FOR FIRST COPY

\$5.00 PER EACH ADDITIONAL OF THE SAME CERTIFICATE PURCHASED AT THE SAME TIME.

NAME ON CERTIFICATE: _____
First Middle Last

Date of Birth: _____ **Number of Certificates Desired:** _____

Mother's Maiden Name: _____
First Middle Last

Father's Name: _____
First Middle Last

COPIES OF BIRTH CERTIFICATES MAY BE RELEASED ONLY TO THE FOLLOWING PER MCL 333.2882 (1) (a) (b):

Please select the category that qualifies you to receive this record.

- The person who is the subject of the record (16 years or older).
- A parent of the named on certificate.
- An Heir of deceased person named on record.
- Legal Representative, Legal Guardian, or pursuant to a court order.
(original documentation must be presented)

Please be sure you read and understand the following before you sign.

I SIGN THIS DOCUMENT STATING THAT I AM NOT USING THIS CERTIFICATE FOR FRAUDULENT OR DECEPTIVE PURPOSES. Section 2894, Act 368, Public Acts 1978 as amended, being MCI 333.2894.

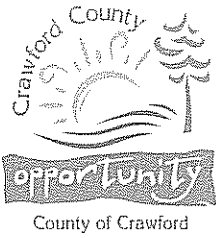
Signature

Date

Driver's License Number (REQUIRED) _____

Mailing Address: _____

Telephone Number: _____



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APPLICATION FOR A CERTIFIED DEATH CERTIFICATE PUBLIC RECORDS – ID IS NOT REQUIRED TO OBTAIN THESE RECORDS

FEES: \$15.00 FOR FIRST COPY

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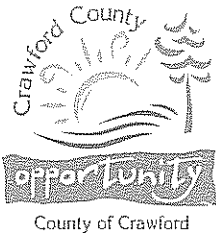
NAME ON CERTIFICATE: _____
First Middle Last

Date of Death: _____ **Number of Certificates Desired:** _____

Name: _____ **Date:** _____

Mailing Address: _____

Telephone Number: _____



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APPLICATION FOR A CERTIFIED MARRIAGE LICENSE PUBLIC RECORDS – ID IS NOT REQUIRED TO OBTAIN THESE RECORDS

**FEES: \$15.00 FOR FIRST COPY
\$5.00 PER EACH ADDITIONAL OF THE SAME CERTIFICATE PURCHASED AT THE SAME TIME.**

NAMES ON CERTIFICATE: _____
First Middle Last

First Middle Maiden Last

Date of Event: _____ **Number of Licenses Desired:** _____

Location of Event: _____
(City and State)

Name: _____ **Date:** _____

Mailing Address: _____

Telephone Number: _____