



# City of St. Clair Shores – Office of City Clerk

Phone: (586) 447-3303 Fax: (586) 445-0469

[www.scsmi.net](http://www.scsmi.net)

## REQUEST FOR CERTIFIED COPIES OF BIRTH RECORD

CITY OF ST. CLAIR SHORES  
27600 JEFFERSON CIRCLE DRIVE  
ST. CLAIR SHORES, MI 48081

**\$15.00 FOR ONE COPY & \$7.50 FOR EACH ADDITIONAL COPY (SAME ORDER)  
ALL COPIES ARE CERTIFIED**

**\*Online, Credit / Debit Service Fee: Under \$50 - \$1.50/ Over \$50 – 3%**

**ALL REQUESTS MUST INCLUDE A COPY OF PROPER PICTURE IDENTIFICATION:**

**Valid Driver's License, State-Issued I.D., Passport, or School I.D. (all must include photo and signature)**

## **INFORMATION AS IT APPEARS ON BIRTH RECORD**

Full Name at Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

No. of Copies Requested: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

## **APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

CITY

STATE

ZIP

IN ACCORDANCE WITH STATE LAW-(MCL 33.882) YOU MUST BE ELIGIBLE TO OBTAIN A COPY OF A BIRTH RECORD

### **MUST CHECK ONE THAT APPLIES**

- I am the person named on the birth record (Mother, Father, Child)
- I am the Legal Guardian (Must include court ordered guardianship paper)
- I am the Legal Representative (Must provide official documentation of legal representation to child, parent, or guardian)
- I am the Court (Must state Court's purpose for obtaining record)

I, the undersigned, affirm that I am in compliance with the Michigan statues in requesting this record.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PAYMENT:**

- Online (Paypal):** Email request form, required proper picture identification and any required documentation to [cityclerk@scsmi.net](mailto:cityclerk@scsmi.net) Once request is received and verified, you will receive an electronic invoice to the email you provided. \* Service fee applies
- By Mail:** Print request form, include required proper picture identification and any required documentation, along with check or money order. Mail to: City of St. Clair Shores (Attn: City Clerk) 27600 Jefferson Ave, St. Clair Shores, MI 48081

**Certified copies will be mailed to the applicant address provided once request is verified and payment is received.**

PENALTIES: Anyone who obtains, or attempts to obtain a vital record of another person with the intent to commit identity theft, or commit any other crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000 MCL