



**LORI MOTT**  
Clare County Clerk – Register of Deeds  
Official Abstractor

Stacy B. Pechacek – Chief Deputy

225 W. Main St  
P.O. Box 438  
Harrison, MI 48625  
Tel. (989) 539-7131  
Fax (989) 539-6616

**MAIL APPLICATION FOR A CERTIFIED COPY CLARE COUNTY BIRTH RECORD**

The Clare County Clerk's office has records of births that occurred in **Clare County** and were filed with the County since 1879. A certified copy of a birth record will bear an embossed raised seal.

**PLEASE INCLUDE A COPY OF YOUR VALID STATE OR GOVERNMENT ISSUED ID**

<b>APPLICANT (PERSON REQUESTING RECORD)</b>		<b>PLEASE PRINT CLEARLY AND LEGIBLY</b>
Please provide your name, complete mailing address, and a <b>daytime phone number</b> to contact you if there is a question. Your <b>signature is required</b> in order to process your order (see back of application).		
Applicant's Name:		Today's Date:
Address:	City/State:	Zip:
Driver's license number or state ID number:		
Telephone Number:		

<b>ARE YOU ELIGIBLE TO REQUEST AND RECEIVE THIS BIRTH RECORD? CHECK THE BOX THAT APPLIES TO YOU.</b>
<b>ELIGIBILITY:</b> Select the category that qualifies you to request and receive the requested Clare County birth record:
<input type="checkbox"/> Birth record is at least 100 years old
<input type="checkbox"/> Person named on the record*
<input type="checkbox"/> Parent named on the record*
<input type="checkbox"/> Court of competent jurisdiction (Court order required)
<input type="checkbox"/> Legal guardian of the person named on the record (Copy of court documented guardianship papers required)
<input type="checkbox"/> Legal representative of the person named on the record (Official letter required; provide your state license number and name of the person represented)
<input type="checkbox"/> Heir of the deceased person named on the birth record (Copy of the death certificate)
*If the applicant's name is different than the name as it appears on the requested birth record, provide information required below: Different due to marriage, indicate date of marriage: _____ and place of marriage (state) _____
Or, different for another reason, please explain _____

**WE CANNOT PROCESS YOUR ORDER WITHOUT PAYMENT. PLEASE REMEMBER TO INCLUDE A MONEY ORDER (CHECKS ARE NOT ACCEPTED) PAYABLE TO "CLARE COUNTY CLERK" AND A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST.**

**IF THE RECORD IS NOT FOUND, A \$10.00 SEARCH FEE WILL BE DEDUCTED FROM THE AMOUNT ENCLOSED.**

ONE CERTIFIED COPY:	\$15.00 (Includes \$10.00 Search Fee)	\$ 15.00
____ ADDITIONAL CERTIFIED COPIES OF THE SAME RECORD:	\$ 5.00 (EACH)	\$
SENIOR CITIZENS (AGE 65 & OVER)		
ONE CERTIFIED COPY:	\$ 6.00	\$
____ ADDITIONAL CERTIFIED COPIES OF THE SAME RECORD:	\$ 4.00 (EACH)	\$

**REQUESTED BIRTH RECORD INFORMATION**

<b>BIRTH INFO NEEDED TO LOCATE CLARE COUNTY BIRTH RECORD</b>	NAME AT BIRTH OR ADOPTED NAME IF APPROPRIATE		<b>GENDER</b>	<b>DATE OF BIRTH</b>
	FIRST	MIDDLE	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MONTH DAY YEAR
PLACE OF BIRTH: CITY/TOWNSHIP COUNTY				
PARENT'S NAME BEFORE FIRST MARRIED: FIRST MIDDLE LAST NAME AT BIRTH				State of Birth (or country if not U.S.)
PARENT'S NAME BEFORE FIRST MARRIED: FIRST MIDDLE LAST NAME AT BIRTH				State of Birth (or country if not U.S.)
Please provide any additional information that would help us locate the record, such as other names that the child or mother have used.				
Please indicate purpose for requesting record:			Do you know if a birth record has ever been issued? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Is the person named on the record adopted? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, also indicate original name (First, Middle, Last) if known:			ADOPTION INFORMATION: If you are an adopted person trying to find your <u>original</u> birth record, you should contact the court in the county where your adoption was finalized.	

**STATEMENT OF ENTITLEMENT:** Misstating an identity or assuming the identity of another person is subject to criminal penalties, e.g., Michigan Compiled Laws 333.2894(b) and 333.2898 and federal laws relating to falsification in obtaining a birth record. By signing this application, I state that I am the person named on the record; one of the parents named on the record; an eligible legal guardian, legal representative or heir of the person named on the record that is being requested; an authorized agent of a court of competent jurisdiction, or the record is at least 100 years old. I certify by my signature that the information provided by me is complete and accurate.

**APPLICANT'S SIGNATURE:** (Sign Here) \_\_\_\_\_  
MUST BE SIGNED AND FEE PAID IN ORDER TO PROCESS REQUEST

<b>OFFICE USE ONLY:</b>	<b>DATE RECEIVED:</b>	<b>DATE RETURNED:</b>
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**MAIL SIGNED APPLICATION, SELF ADDRESSED STAMPED ENVELOPE AND APPROPRIATE FEE TO:**

**CLARE COUNTY CLERK  
ATTN: VITAL RECORDS DEPARTMENT  
225 W. MAIN STREET, P.O. BOX 438  
HARRISON, MI 48625**

**ANY QUESTIONS, CALL (989) 539-7131**