

# REQUEST FOR GLADWIN COUNTY VITAL RECORDS

DATE: \_\_\_\_\_

CLERK'S INITIALS: \_\_\_\_\_

## REQUESTED RECORD INFORMATION

NAME(S) ON RECORD: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_  
MONTH DAY YEAR

PLACE OF EVENT: \_\_\_\_\_  
TOWNSHIP/CITY COUNTY

## ADDITIONAL INFORMATION REQUIRED FOR A BIRTH RECORD

MOTHERS MAIDEN NAME: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_

### DOCUMENT

### CERTIFIED

<input type="checkbox"/>	BIRTH	_____
<input type="checkbox"/>	DEATH	_____
<input type="checkbox"/>	MARRIAGE	_____
<input type="checkbox"/>	DIVORCE	_____

NUMBER OF COPIES \_\_\_\_\_ FOR \$ \_\_\_\_\_

\$15.00 FOR 1<sup>ST</sup> COPY ~ \$8.00 EACH ADDITIONAL LIKE COPY

CASH \_\_\_\_\_ CHECK/MONEY ORDER \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ID DOCUMENT AND NUMBER: \_\_\_\_\_

*Copy of photo ID required for each request*