

**MECOSTA COUNTY CLERK'S OFFICE**  
**400 ELM STREET**  
**BIG RAPIDS, MICHIGAN 49307**  
**(231) 592-0783**

**CERTIFIED COPY OF A BIRTH CERTIFICATE**

1. Name at Birth \_\_\_\_\_  
First Middle Last

2. Date of Birth \_\_\_\_\_  
Month Date Year

3. Place of Birth \_\_\_\_\_  
Hospital (If Known) City County

4. Mother's Name \_\_\_\_\_  
First Middle Maiden

5. Father's Name \_\_\_\_\_  
First Middle Last

6. Person requesting birth certificate (circle one)      Self      Mother      Father      Other

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**CERTIFIED COPY OF A MARRIAGE LICENSE**

1. Names at the time of application for marriage license:

Man \_\_\_\_\_  
First Middle Last

Woman \_\_\_\_\_  
First Middle Maiden

2. Date of Marriage: \_\_\_\_\_

3. County where license was obtained: \_\_\_\_\_

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**CERTIFIED COPY OF A DEATH CERTIFICATE**

1. Name of Deceased: \_\_\_\_\_  
First Middle Last

2. Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
County City/Township

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APPLICANT'S NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

\_\_\_\_\_ \$10.00 for the first copy      \_\_\_\_\_ \$5.00 for additional copies of same record

**COPY OF PHOTO I.D. REQUIRED FOR ALL MAIL-IN BIRTH REQUESTS**  
**MAKE CHECK PAYABLE TO: MECOSTA COUNTY CLERK**

## INSTRUCTIONS

Certified copies of birth certificates are available to eligible persons on request. To obtain a certified copy of a birth record the applicant must be:

1. The individual who is the subject of the record.
2. The parent (s) named in the record
3. Any heir.
4. Legal guardian.
5. Any legal representative of an eligible person. (Legal representatives must state whom they are representing and show proof of said representation.)

Birth records for newborn children are not immediately available. Please allow at least 30 days from date of birth for the hospitals to get the records to our office.

Our office will accept cash, personal check or money order for payment. Check or money order must be made payable to: **MECOSTA COUNTY CLERK.**

**Birth Certificate should be mailed to:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_