



Office of the County Clerk
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Minde' B. Lux, County Clerk
 Shelly Nelson, Chief Deputy
 Carol Anderson, Deputy Clerk
 Brenda Young, Deputy Clerk

APPLICATION FOR CERTIFIED COPY OF BIRTH, MARRIAGE AND DEATH RECORD

RECORD REQUEST (CHECK ONE)	<input type="checkbox"/> BIRTH	<input type="checkbox"/> MARRIAGE	<input type="checkbox"/> DEATH	
NUMBER OF COPIES REQUESTED:				
FEES: \$15.00 FOR FIRST COPY* \$ 5.00 FOR EACH ADDITIONAL	\$	\$	\$	

- Birth Certificate for person 65 and over: \$7.00 for first copy and \$5.00 for each additional. Saw ID Office Staff Initials

Name of Person on Requested Record

First Middle Last (Maiden – if birth)

Name of second person on requested Record
 (Only applicable for marriage/divorce)

First Middle Last (Maiden)

Date of Event (birth/death/marriage date)

Month Day Year

Place of Event

City State

Father's Name (only applicable for birth)

First Middle Last

Mother's Name – Maiden
 (Only applicable for birth)

First Middle Last (Maiden)

APPLICANTS INFORMATION: (BIRTH CERTIFICATES ARE NOT OF PUBLIC RECORD SO APPLICANT MUST BE ON THE BIRTH CERTIFICATE TO REQUEST.)

*****INCLUDE COPY OF YOUR PHOTO IDENTIFICATION FOR BIRTH CERTIFICATES*****

APPLICANT'S NAME: _____ APPLICANT'S SIGNATURE: _____

APPLICANT'S ADDRESS: _____

House # Street City State Zip Code

Today's Date: _____ Phone Number: _____ (Mandatory)