Press the print button below and take to the County Clerk's Office, or mail to the address below.
Appropriate identification must accompany request.

Livingston County Clerk

200 E. Grand River
Howell, Michigan 48843

Birth Certificate Request

Number of copies required: _____

Please enter all of the information below as it appears on the record.

Full Name: _____

Date of Birth: _____

Place of Birth (City of Township): _____

Full Name of Father: _____

Full Maiden Name of Mother: _____

Note: Birth certificate requests must have exact matches on all information and a valid picture I.D

Your relationship to the person first named on this form:

☐ **Self** ☐ **Parent** ☐ **Guardian** ☐ **Heir**

I the undersigned, hereby certify that the foregoing is true to the best of my knowledge and belief, and the record is being obtained for lawful purposes.

_____

Signature of applicant

Mail to:

Full Name	
	Drivers License Number
Street Number	**Telephone Number**
City , State, Zip Code	**Email Address:**

If your record is being mailed to you, the mailing address must match the address shown on the identification that is submitted.

Print & Clear

YOU MUST INCLUDE A COPY OF VALID GOVERNMENT ISSUED IDENTIFICATION WITH REQUEST.