CITY OF ROYAL OAK
APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE
211 South Williams Street, Royal Oak, Michigan 48067 (248) 246-3050
Office Hours: Monday-Thursday 8AM-4:30PM & Friday 8AM-12PM
(City Hall is located one block east of Main Street and one block south of 11 Mile)

INSTRUCTIONS:

1. Please read carefully the information below before completing the application
2. To obtain a certified copy of a birth record, the applicant must indicate his/her relationship to the person named on the birth certificate. Certified copies of birth records can only be issued to the individual or the parent(s) named on the birth record (MCLA 33.2882). This form for births that occurred within the **CITY OF ROYAL OAK** only.
3. Birth records for newborns are not immediately available. Please allow 14 days from the date of birth before requesting a certified copy of the record. We cannot tell you if we have a birth certificate over the phone.
4. If your name is not on the birth certificate you are not entitled to copies of or information regarding the record.
5. All unwed births prior to October 1978 can only be obtained from Lansing.

Mail-In request checklist:

____ Completed application

____ Legible copy of valid ID for person signing the application (driver's license or state I.D.)

____ Money Order or Cashier's Check payable to "CITY OF ROYAL OAK"
PLEASE DO NOT SEND CASH OR PERSONAL CHECKS

To insure prompt return, please follow the above instructions carefully.

WALLET SIZED RECORDS ARE NOT AVAILABLE FOR ROYAL OAK BIRTHS.
PLEASE PRINT CLEARLY

First Child

1. Name at Birth: _____ Date of Birth: _____
(First) (Middle) (Last)

Second Child

2. Name at Birth: _____ Date of Birth: _____
(First) (Middle) (Last)

3. Mother's Name: _____
(First) (Middle) (Maiden Name)

4. Father's Name (if on certificate): _____
(First) (Middle) (Last)

5. Are you the person named in Line 1, 3 or 4? Yes No
If no, what is your relationship to the person in Line 1: _____

6. I, the undersigned, affirm that I am in compliance with Michigan statues in requesting the record. (MCL 333.2882)

Applicant's Signature: _____

PLEASE PRINT YOUR NAME AND MAILING ADDRESS BELOW:

Name _____

Address _____

City _____

State _____ Zip _____

Daytime Telephone _____

Email (optional-for contact purposes only) _____

FEES:

1st Certified Copy	$15.00
Additional copies of same record	$5.00
Total copies 1st child _____	_____
Total copies 2nd child _____	_____
Total amount enclosed	_____

PENALTIES: Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to $25,000. MCL 445.69