

Application for Certified Copy Birth Certificate Southfield City Clerk's Office 248-796-5150

26000 Evergreen Road P.O. Box 2055 Southfield, Michigan 48037-2055

Fees/Pay	vment	Instru	actions:
TCCS/Ta	y IIICII t	msut	actions.

- > \$15.00 First certified copy
- \$5.00 Each additional copy when ordered with first
- Cash only accepted in person; do not mail cash

Instructions:

- > Please print information below
- > Applying by mail? Include:
 - Completed application
 - Money Order payable to the City of Southfield
 - or

No personal checks accepted		• Copy of applicant's current, valid driver's license state ID	
No. of Copies Requested _			
Child's Full Name at Bir	th:		
First Name	Middle Name	Last Name	
Date of Birth			
Parents' Information:		Applicant Information:	
Mother's Full Name (first, middle, last)		Applicant's Relationship to Certificate Holder	
Mother's Full Maiden Name (first, middle, last)		Applicant Street Address	
Father's Full Name (first, middle, last)		Applicant City, State, Zip Code	
		Telephone Number	
Signature of Applicant		Date	