SEND REQUEST TO:
GINA EVERSON
P.O. BOX 189
CENTREVILLE, MI. 49032
269-467-5603

ST. JOSEPH COUNTY CLERK'S OFFICE

$20.00/1st copy
$10.00/each additional
NO PERSONAL CHECKS
MUST PROVIDE ID

BIRTH CERTIFICATE REQUEST

Today's Date _____

Please print all information except signature

I, _____ do hereby request _____copy/copies
Requestor's Name – Please Print #

of the following person's birth certificate:

_____
First **Middle** **Last**

Relationship: (circle one) **MOTHER** **FATHER** **SELF**

Date of Birth _____ **Place of Birth** _____

Father's Name _____

Mother's Maiden Name _____

Email _____

Signature_____ **Phone #**_____

Billing Address/Deliver To:

_____
Name

_____
Street Address

_____
City/State/Zip

FOR OFFICE USE ONLY

Receipt # _____ File # _____

ID Used _____ Written By _____