

Michelle M. Stevenson

Roscommon County Clerk / Register of Deeds

clerk@roscommoncounty.net

When completed, please mail to: Clerk, 500 Lake St., Roscommon, MI 48653



Your Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Signature: _____

Total # of Certified Copies: _____ \$10 for first copy _____ \$5 for additional copies of the same record

ALL BIRTH CERTIFICATES REQUIRE A GOVERNMENT ISSUED PHOTO ID

According to Michigan law, a certified copy of a birth record is only available to persons such as one's self, parent, legal guardian or legal representative (**Documentation required**)

BIRTH CERTIFICATE CERTIFIED COPY

Name at birth: _____
First Middle Last

Date of birth: _____ Place of birth: _____
Month/Day/Year Township City

Father's name: _____
First Middle Last

Mother's maiden name: _____
First Middle Last

Relationship: Self Mother Father Guardian Other _____
Please circle one of the above

MARRIAGE LICENSE CERTIFIED COPY

Name of party 1: _____
(Before this marriage) First Middle Last

Name of party 2: _____
(Before this marriage) First Middle Last

Date of marriage: _____ Place of marriage: _____
Month/Day/Year City

DEATH CERTIFICATE CERTIFIED COPY

Name of deceased: _____
First Middle Last

Date of death: _____ Place of death: _____
Month/Day/Year City