REQUEST FOR VERIFICATION OF A TUSCOLA COUNTY BIRTH RECORD

Please type or print clearly	and legibly.			
Please complete the below	information		Date:	
Agency Name:				
Applicant's Name:				
City/State/Zip:				
Applicant's Signature:				
rigreeing to pay for a sear will be found. VERIFICATION INFOR the returned to you with an incould be identified which not be returned to you with an incould be identified which not be returned to you with an incould be identified which not be returned to you with an incould be identified which not be returned to you with an incould be identified which not be returned to you with an incountry that the properties of the pro	CMATION: This reindication that a rechatched the supplied bject of the birth rexactly to what is one of the birth rechatched the supplied by the birth rechatched the birth recha	county Vital Records. T equest form for verification cord was identified which is diffacts. State law (MCL 3 record, date of birth, place on file with the Tuscola C	·	erecord will o record ion of
Child's Name:				
First		Middle	Last	
Child's Date of Birth:	Month	Day	Year	
Child's Place of Birth:				
	County			
Date of Filing – (Date the r	•	Enter ONLY if you have a	copy of the record)	
Date of Filing – (Date the r	record was filed – E	Enter ONLY if you have a carry	copy of the record) Year	
Month	record was filed – E			
Month Verification (for Vital Rec	cords use ONLY)		Year	
Verification (for Vital Record ha	cords use ONLY) as been found match	ay	Year nation provided exactly.	

Payment of \$4.00 and a self addressed stamped envelope must be included with your request Please mail to: Tuscola County Clerk

440 North State Street Caro, Michigan 48723