

CITY OF RIVERVIEW
14100 CIVIC PARK DRIVE
RIVERVIEW, MI 48193-7600
734 281-4239

DATE: _____

DATE COMPLETED: _____

APPLICATION FOR COPY OF BIRTH CERTIFICATE

\$18.00 for first Certified - \$7.00 for each additional Certified
\$1.00 for each non-certified copy

[] I am the **person** named on the birth certificate.

[] I am the **mother** ___ or **father** ___ of the person named on the birth certificate.

NAME ON BIRTH CERTIFICATE: _____

DATE OF BIRTH: _____ # of Copies: Certified: _____ Non-Certified _____

FATHER'S NAME: _____

MOTHER'S MAIDEN NAME: _____

APPLICANT'S FULL NAME: _____

(Please print)

SIGNATURE: _____

ADDRESS

CITY

STATE

ZIP

DRIVER'S LICENSE #: _____ PHONE #: _____

MAILING ADDRESS (if different than above):

REQUESTED BY: Mail _____ In Person _____ Payment: Cash \$ _____ Check: \$ _____

NOTICE: PROVIDING FALSE INFORMATION ON THIS APPLICATION IS A VIOLATION OF LAW AND MAY LEAD TO A FINE OR IMPRISONMENT, OR BOTH.

Effective July 1, 2013