

BIRTH CERTIFICATE REQUEST

SUBMIT TO:

CITY OF STERLING HEIGHTS
OFFICE OF THE CITY CLERK
40555 UTICA ROAD, PO BOX 8009
STERLING HEIGHTS, MI 48311-8009

586-446-2420

cityclerk@sterlingheights.gov

COST:

\$26.00 first certified copy (includes filing fees)

\$9.50 each additional certified copy.

(for office use only)

☐ Payment Received _____ (date)

☐ Checked Valid Identification _____ (initials)

1. **Name of Person on Birth Record:** _____

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

Parent/Mother's Birth Name: _____

Parent/Father's Birth Name: _____

Relationship to Person: ☐ Self ☐ Parent ☐ Heir ☐ Legal Guardian
☐ Legal Representative ☐ Court Of Competent Jurisdiction

2. **Number of Certified Copies Requested:** _____

\$26.00 first certified copy (includes filing fees) / \$9.50 each additional certified copy.

How would you like to receive the copies?

☐ Pick up – Monday - Friday 8:30a - 5:00p (excludes Holidays).

☐ US Mail – Please note; we are not responsible for any issues with Post Office deliveries.

3. **Name of Requester:** _____

Address: _____

City, State, Zip Code: _____

Phone No: _____ **Email:** _____

Current valid Government issued photo identification of requester is required.

Signature of Requester: _____ **Date:** _____