



Request for a Certified Copy of a Birth Record

George T. Darany, City Clerk

City of Dearborn, 16901 Michigan Ave. Ste. 11, Dearborn, MI 48126
313-943-2685

Information as it Appears on the Birth Record:

Name at Birth: _____ Date of Birth: _____

Mother's Maiden Name: _____

Father's Name: _____

****A COPY OF YOUR PHOTO ID MUST BE INCLUDED WITH YOUR REQUEST****

*****NOTE: For NEW births wait at least thirty (30) days before applying.*****

Applicant Information:

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Signature: _____ Date: _____
(Must be signed in order to process your request)

Applicant's Relationship: _____

Fees:

- 1st Certified Copy: \$20.00
- Each additional Copy of the same record requested: \$5.00
- Make check or Money Order payable to the City of Dearborn

Total No. of Copies Requested: _____

Mail Request to: Dearborn City Clerk
Birth Record
16901 Michigan Ave. Ste. 11
Dearborn MI 48126