



Oceana County Clerk's Office
 100 State St., Suite 1
 Hart, MI 49420
 Ph: 231-873-4328 FAX: 231-873-1391
 www.oceana.mi.us/clerk

Please print clearly

Date: _____

BIRTH CERTIFICATE REQUEST (FOR SOMEONE BORN IN OCEANA COUNTY ONLY)

****You MUST provide a photocopy of a valid picture I.D. with Birth Request****

- Name at Birth: _____
First Middle Last
- Date of Birth: _____ Place of Birth: _____
Month Date Year City County
- Parent 1 Name: _____
First Middle Last (Maiden Name if applicable)
- Parent 2 Name: _____
First Middle Last (Maiden Name if applicable)
- Person requesting birth certificate (circle one): self parent other legal guardian

MARRIAGE LICENSE CERTIFIED COPY REQUEST (FOR THOSE WHO APPLIED IN OCEANA COUNTY ONLY)

- Names at the time of application for marriage license:
 Applicant 1: _____
First Middle Last (Maiden Name if applicable)
 Applicant 2: _____
First Middle Last (Maiden Name if applicable)
- Date of Marriage: _____
Month Day Year

DEATH CERTIFICATE REQUEST (DEATHS PRONOUNCED IN OCEANA COUNTY ONLY)

- Name of Deceased: _____
First Middle Last
- Date of Death: _____

*****COMPLETE THIS PORTION FOR ALL REQUESTS*****

Number of marriage/death record copies requested: ____ @ \$15 for first copy/\$5 for add'l copies of same record

Number of birth record copies requested: ____ @ \$15 for first copy/\$6 for add'l copies of same record

STATE ONLY BIRTH RECORDS ____ @ \$35 for first copy/\$17 for add'l copies of same record

Make check or money order payable to: Oceana County Clerk

Requester's Name & Phone #: _____

Mailing Address, City, State, Zip: _____

REQUESTER'S SIGNATURE: _____