



PAUL WOJNO

CITY CLERK

Suite 205
One City Square
Warren, MI 48093-2393
Phone: (586) 574-4557

CERTIFIED COPY OF: BIRTH CERTIFICATE

*Form may be submitted in person, or by mail along with payment.
Do not e-mail this application form. E-mailed forms will NOT be processed.*

Name at Birth: _____
(first) (middle) (last)

Birth Date: _____

Father's Name: _____

Mother's Name (Maiden): _____

Mailing Address: _____

City, State, Zip: _____ Telephone: _____

Applicant's Signature: _____

Driver's License OR State ID Number: _____

Please provide a copy of your government issued identification (i.e. driver's license, state ID) when sending your request by mail.

Relationship: Self Mother Father Other

First Copy:	\$7.50
Each Additional Copy:	\$3.00

NUMBER OF COPIES: _____

FOR OFFICIAL USE ONLY	
CHECK # _____	LF: _____
RCPT # _____	