



WEXFORD COUNTY CLERK
ELAINE L. RICHARDSON
437 E DIVISION ST
CADILLAC MI 49601
231 779-9450

VITAL RECORDS REQUEST /CERTIFIED COPY ORDER FORM

REQUESTOR'S INFORMATION

Print Legibly

Today's Date: _____

Name: _____

Phone Number: _____

Mailing Address: _____

Signature: _____

DEATH RECORDS

Name of Deceased: _____ Date of Death: _____ # of Copies Requested: _____

Additional: _____

MARRIAGE LICENSE

Applicant's Full Name: _____

Date of Marriage: _____

Applicant's Full Name: _____

Number of Copies Requested: _____

Maiden Name (if applicable): _____

Additional: _____

MILITARY DISCHARGE (DD214)

Name on Record: _____ Date of Birth: _____ Number of Copies Requested: _____

Additional: _____

Driver's License/State ID Number: _____

The military service discharge records of a person shall be confidential and may be viewed or copied only by the veteran, a person with the veteran's permission (notarized statement required), or the surviving heirs of a veteran.

STATEMENT OF ENTITLEMENT: Misstating an identity or assuming the identity of another person is subject to criminal penalties, e.g. MCL Act 368, PA1978 as amended 333.2894(b) and 333.2898 and Federal Laws relating to falsification in obtaining a birth record. By signing this application, I state that I am eligible to receive this record as indicated above.

MAILING INSTRUCTIONS

- ✍ Completed Form - Mailed to "Wexford County Clerk" 437 E Division St, Cadillac MI 49601
- ✍ Photo Copy of Driver's License or State Identification Card
- ✍ Required Vital Records (certified copies only)
- ✍ Payment - Each Record is \$15 for one certified copy and additional certified copies are \$5 of the same record
- ✍ Self Addressed Stamped Envelope for return of order
- 🕒 Delivery may take up to 5 Business days. Expedited delivery may be requested by sending an Overnight Prepaid self addressed stamped envelope.

Credit Card Information:

APPLICANT'S RELATIONSHIP: _____ Security Code Number: _____

CREDIT CARD # _____ Expiration Date: _____