



**WEXFORD COUNTY CLERK**  
**ALAINA M. NYMAN**  
**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.

APPLICANT'S RELATIONSHIP: \_\_\_\_\_ Security Code Number: \_\_\_\_\_  
CREDIT CARD # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Credit Card Information**