



Request for Certified Copy of Birth Record

City of Westland, 36300 Warren Road, Westland, MI 48185
734-467-3185

Applicant Information:

Name: _____ Daytime Phone: _____

Street Address: _____

City, State, Zip: _____

Signature: _____ Date: _____

(Must be signed to process request)

Information as it Appears on the Birth Record:

Full Name at Birth: _____ Date of Birth: _____

Name of Hospital or address where birth occurred: _____

Mother's Full Maiden Name: _____

Father's Name: _____

Valid Driver's License or State ID must be presented with this request, or a copy mailed with this request.

Eligibility: You must be eligible to request this birth record per MCL 333.2882. Check the selection that applies to you:

____ Person named on record

____ Parent named on record

____ Legal Guardian *(guardianship papers required)*

____ Legal Licensed Representative
(letter of representation required)

Fees:

- 1st Certified Copy: \$18.00
- Each Additional Copy of the same record requested at the same time: \$6.00
- If ordering by mail, make checks payable to the City of Westland.

Number of Copies Requested: _____

Address Request by Mail to: City Clerk's Office
Vital Records
36300 Warren Road
Westland, MI 48185

****Mail in requests must include a copy of a valid Driver's License or State ID!***

Penalties: Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000.