

Mail to: City of Rochester Hills
Office of the Clerk
1000 Rochester Hills Drive
Rochester Hills, MI 48309
(248) 656-4630



APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE RECORD

Effective January 1, 1985 all births occurring within the City of Rochester Hills, Oakland County, Michigan are filed with the City of Rochester Hills Clerk's Office. Records of births which occurred prior to 1985 are on file with the Oakland County Clerk and State of Michigan only.

The fee for certified birth certificated records is \$15.00 for the first record and \$5.00 for each additional record ordered at the same time. Checks/Money Orders should be made payable to the City of Rochester Hills and mailed together with the completed and signed application form. **Also include a copy of applicant's valid driver's license or state ID.**

The City of Rochester Hills Clerk's Office is open Monday through Friday from 8:00 a.m. to 5:00 p.m. Parents may apply in person for birth certificates, however, records of newborns are not available until approximately two weeks after the date of the birth. Identification is required when applying in person.

PLEASE PRINT CLEARLY BELOW

CHILD'S FULL NAME AT BIRTH: _____
(first) (middle) (last)

DATE OF BIRTH: ___/___/___ PLACE OF BIRTH: _____
(Hospital Name)

MOTHER'S FULL NAME: _____
(first) (middle) (last)

MOTHER'S MAIDEN NAME: _____

FATHER'S FULL NAME: _____
(first) (middle) (last)

APPLICANT'S RELATIONSHIP TO CHILD: _____

SIGNATURE OF APPLICANT: _____ DATE: ___/___/___

NUMBER OF CERTIFIED
COPIES REQUESTED: _____

- Did you sign the application form?
- Did you provide your mailing address?
- Did you enclose your check or money order?
(please do not send cash)
- Did you include photo identification?

THANK YOU!

APPLICANT'S ADDRESS: _____
Street Address

City, State

ZIP code

FOR OFFICE USE ONLY

ID# _____
COPIES _____ PAID \$ _____
CHECK # _____ CASH _____
DATE REC'D _____
LF# _____
DATE MAILED _____
DATE PICKED UP _____