



City of Detroit, MI Birth Certificate Application



(LexisNexis VitalChek Network Inc. is in partnership with the Wayne County Clerk – Detroit Vitals Division to enable enhanced electronic processing of mail-in vital record applications.)

Please follow the instructions below when submitting your application.

Before completing your request, please note the following information:

- For Wayne County Michigan birth certificates, please use the WAYNE COUNTY Birth Certificate Application (http://vitalchek.com/Fax-Phone/MI_WAYNE_BIRTH_Applications.pdf)
- THE WAYNE COUNTY CLERK-DETROIT VITALS DIVISION MAY, AT ANY TIME, REQUEST ADDITIONAL DOCUMENTATION TO HELP DETERMINE THE IDENTITY OR ELIGIBILITY OF THE APPLICANT.
- Births that took place prior to October of 1978 THAT DO NOT HAVE THE FATHER LISTED ON THE BIRTH CERTIFICATE, are maintained by the State of Michigan and are NOT AVAILABLE at the Wayne County Clerk-Detroit Vitals Division Office.
- Only the persons named on the certificate (Mother, Father, or Child), a legal guardian or a legal representative are eligible to receive City of Detroit birth certificates.

1. For each individual certificate being requested, the following information must be submitted:

- A separate application form must be sent for each person's requested certificate.
- Payment must be included for the total request, including a separate VitalChek processing fee for each individual application.
- If you are submitting multiple applications at the same time, all with the same delivery address, you will only need to include payment for one (1) delivery method, not one for each individual application.
- Appropriate current identification, as listed on the table below, is required for each application (expired IDs are not accepted).

Choose 1 Primary ID, OR at least 2 Secondary IDs with signature (if Primary ID is not available)

PRIMARY ID (1)	Valid, unexpired State-issued driver's license	Valid, unexpired State-issued ID Card (non-driver)
OR		
SECONDARY ID WITH SIGNATURE (2 or more)	Social Security Card	Current pay stub along with Work ID
	Voter registration card	School ID
	Valid passport	Current utility bill showing full name and address

- If you are not one of the persons named on the birth certificate, please visit the Wayne County Clerk-Detroit Vitals Division website (http://www.waynecounty.com/clerk/birth_certificates.htm) for proper instructions to request the certificate.

2. Please mail your completed application, along with identification and additional documentation (if required) to:

**Vital Record Mail Services
ATTN: Detroit Vital Statistics
P.O. Box 222130
El Paso, TX 79913-5130**

**For expedited order placement and processing
please visit www.VitalChek.com.**

Please don't include a pre-paid express mail envelope with your request. This will cause a delay in delivery. You must select a delivery method on the next page.

3. Please allow 5 - 7 business days for your application to be received prior to calling our customer service department with any questions about your application. We can be reached at 877-891-6594.

IDENTITY THEFT PROTECTION ACT 445.65(1) and 445.69(1) prohibit anyone from obtaining a vital record by misrepresenting a person's identity or attempting to use another person's identifying information. A person who violates this law is guilty of a felony punishable by imprisonment for up to 5 years or a fine of up to \$25,000 or both.



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FOR VITALCHEK USE ONLY

Order # _____

NOTE: This form should be used **ONLY** by a person named on the City of Detroit certificate, a legal guardian or legal representative.
DO NOT USE THIS FORM FOR WAYNE COUNTY REQUESTS – please use the separate Wayne County Application.

STEP 1: CERTIFICATE INFORMATION

Full Name of Child at Time of Birth (Certificate Holder)

first name	middle name	last name	suffix
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Father's Full Name

first name	middle name	last name	suffix
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Mother's Full Maiden Name

first name	middle name	maiden last name
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Date of Birth (MM/DD/YYYY)

City of Birth

Detroit

Gender

☐ Male☐ Female

Still Living

☐ Yes☐ No

Reason for Request

STEP 2: YOUR INFORMATION AND SHIPPING ADDRESS

Your Full Name (Applicant)

first name	middle name	last name	suffix
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Your Street Address

City

State

Zip Code

Your Relationship to Person Named on Certificate

E-mail Address (for communication & status updates)

Daytime Phone Number

Name and Address to Send Certificate (if different than noted above)

first name	middle name	last name	suffix
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Ship To Address

City

State

Zip Code

Your Signature (Applicant)

Date of Application

STEP 3: COST

Certificate Costs

TOTAL A = \$ _____

- | | |
|--|-----------|
| <input type="checkbox"/> Certified copy (1 st copy) = | \$24.00 |
| <input type="checkbox"/> ___ Additional copies = | \$7.00 ea |
| <input type="checkbox"/> Senior Citizen copy (Age 65+) = | \$2.00 |
| <input type="checkbox"/> ___ Additional Senior copies = | \$3.00 ea |

VitalChek Processing & Handling

(non-refundable)

TOTAL B = \$ 8.00

Delivery Method *

TOTAL C = \$ _____ *

- | | | | |
|---|---------|---|---------|
| <input type="checkbox"/> UPS Next Day Air = | \$19.75 | <input type="checkbox"/> UPS Alaska, Hawaii, Puerto Rico = | \$23.00 |
| <input type="checkbox"/> UPS Second Day Air = | \$16.00 | <input type="checkbox"/> UPS Worldwide Expedited = | \$34.50 |
| <input type="checkbox"/> UPS Canada or Mexico = | \$24.00 | <input type="checkbox"/> U.S. Postal Service Regular Mail = | \$ 0.00 |

UPS will not deliver to a P.O. Box. Processing time may take 7-10 business days.

* If submitting multiple applications at one time, all with the same delivery address, only include payment for one (1) Delivery Method, not one for each application.

TOTAL AMOUNT DUE (A+B+C) = \$ _____

STEP 4: PAYMENT INFORMATION

Select Payment Method: **DO NOT SEND CASH** Submit separate payment for each application☐ **Credit Card** Credit Card # _____ Expiration Date _____ Cardholder Signature _____

Charges will appear on your Credit Card statement as: DETROITMAILROOM*VCN

☐ **Personal or Business Check** If paying by personal or business check, please make payable to VITALCHEK.

STEP 5: MAIL YOUR SIGNED AND COMPLETED FORM

Please mail your completed form, along with ID and additional documentation (if required) to:

Vital Record Mail Services
ATTN: Detroit Vital Statistics
P.O. Box 222130
El Paso, TX 79913-5130

Please don't include a pre-paid express mail envelope with your request. Select a delivery method above.

**For expedited order placement and
processing please visit
www.VitalChek.com.**

DET-MI-B Sept 2023