



CIERRA L. SOWLE - Jackson County Clerk/Register of Deeds  
 120 W. Michigan Avenue, Jackson, Michigan 49201  
 517-788-4265

**REQUEST FOR CERTIFIED COPIES**

FIRST CERTIFIED COPY OF EACH BIRTH, DEATH, OR MARRIAGE RECORD: \$15.00  
 ADDITIONAL CERTIFIED COPIES OF SAME RECORD AT SAME TIME: \$5.00 each  
 NOTE: BIRTH CERTIFICATES ONLY FOR AGES 65 & OLDER: \$7.00

**\*\*Please include a self-addressed, stamped envelope, and make check payable to Jackson County Clerk\*\***

**BIRTH (Copy of Photo ID Required) – Quantity of Copies Requested \_\_\_\_\_** \$15.00 First, \$5.00 for each additional  
 65 & Older \$7.00 First, \$3.00 for each additional

FULL NAME ON BIRTH RECORD: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CITY OF BIRTH \_\_\_\_\_

MOTHER'S FULL MAIDEN NAME: \_\_\_\_\_

FATHER'S FULL NAME: \_\_\_\_\_

**MARRIAGE – Quantity of Copies Requested \_\_\_\_\_** \$15.00 First, \$5.00 for each additional

Name of Applicants: (Maiden name if applicable):  
 \_\_\_\_\_

DATE OF MARRIAGE: \_\_\_\_\_

DEATH	MILITARY DISCHARGE	BUSINESS NAME
\$15.00 First, \$5.00 for each additional	<b>(Copy of Photo ID Required)</b> \$1.00 each	\$2.00 each

Quantity of Copies Requested \_\_\_\_\_

NAME ON RECORD: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_  
 (Date of Death) (Date of Military Discharge) (Date of Business Filing)

**YOUR SIGNATURE:** \_\_\_\_\_

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Zip Code \_\_\_\_\_

**FOR OFFICE USE ONLY:**

DL/STATE ID # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_ CLERK \_\_\_\_\_

PAYMENT TYPE: CA CK CC RECORD NUMBER(S) \_\_\_\_\_