

* MAIL IN APPLICATION *

CERTIFIED BIRTH CERTIFICATE

CITY OF DEARBORN
Office of the City Clerk
13615 Michigan Ave.
Dearborn, Michigan 48126
Telephone: (313) 943-2012
Office Hours: Monday – Friday 8:00 a.m. to 5:00 p.m.

NOTE: Wait at least thirty (30) days after birth before applying.
”

Name at Birth: _____
(First) (Middle) (Last)

Date of Birth: _____
(Month) (Day) (Year)

Mother's Maiden Name: _____
(First) (Middle) (Last)

Father's Name: _____
(First) (Middle) (Last)

Signature: _____ Telephone No.: _____

Address: _____

City and State: _____ ZIP: _____

**No.
Of Copies:**

_____ First Certified Photocopy..... @ \$14.00

_____ Additional Certified Copies..... @ \$ 4.00 each

_____ *First Wallet Size Registration..... @ \$14.00

_____ Additional Wallet Size Registration..... @ \$ 4.00 each

*NOTE: Wallet size copies are good for identification purposes only, not valid for any legal purpose.

Make check or money order payable to **CITY OF DEARBORN**

Important: Please include a **photocopy** of your I.D. along with application