

# Vital Records Certified Copy Request Form

Allegan County Clerk • 113 Chestnut Street, Allegan MI 49010 • 269-673-0450

Email form to: [VitalRecords@AlleganCounty.org](mailto:VitalRecords@AlleganCounty.org)



**Bob Genetski**

County Clerk / Register of Deeds

## CREDIT CARD PAYMENT AUTHORIZATION

### REQUESTOR INFORMATION – CERTIFICATES WILL BE MAILED TO THIS ADDRESS

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Credit Card # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Security Pin #: \_\_\_\_\_

Name as it appears on card \_\_\_\_\_  
(Please print clearly)

**Authorized Signature:** \_\_\_\_\_

(Cardholder acknowledges receipt of goods and/or services and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer)

1 Certified copy .....\$10.00

Add'l copies of same record.....\$4.00 Total \$ \_\_\_\_\_ (Service fees apply)

Service fee for payment amount: \$0.00-\$50.00..... \$1.50

\$50.01-\$75.00.....\$1.75

### CARDHOLDER INFORMATION (REQUIRED)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

### DEATH RECORDS (For deaths that occurred in Allegan County)

Number of copies requested:

Name of deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Online file # \_\_\_\_\_

### MARRIAGE RECORDS (For marriages licensed by Allegan County)

Number of copies requested:

Name of Spouse 1 (at time of application): \_\_\_\_\_  
First Middle Last Name at Birth or Maiden

Name of Spouse 2 (at time of application): \_\_\_\_\_  
First Middle Last Name at Birth or Maiden

Date of Marriage: \_\_\_\_\_ Online file # \_\_\_\_\_