

# VERIFICATION OF A DETROIT BIRTH FOR SCHOOL ENROLLMENT ONLY

Mail Requests to: Wayne County Clerk  
 400 Monroe St. 605  
 Detroit, MI 48226  
 Phone-(313) 224-5213  
 Fax-(313) 224-8225

Please type or print clearly and legibly

Date:     /     /	<b>DO NOT COMPLETE THIS FORM IF THE CHILD WAS NOT BORN IN DETROIT</b>
SCHOOL NAME:	
MAILING ADDRESS:	
CITY           STATE     ZIP	
REQUESTOR'S NAME -TITLE	

Name at Birth: _____			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">First</td> <td style="width: 33%; border: none;">Middle</td> <td style="width: 33%; border: none;">Last</td> </tr> </table>	First	Middle	Last
First	Middle	Last	
Date of Birth: _____ Hospital: _____			
Minors up to 17 years old only			
Mother's Maiden Name: _____			
Father's Name: _____			

<b>TURN-AROUND TIME</b>
<p style="text-align: center;"><b>Mail Requests:</b></p> <p>Processing time will be 2-4 weeks. To insure proper receipt of requested information, please include a self-addressed stamped envelope.</p> <p style="text-align: center;"><b>WORK ID</b></p> <p>A photocopy of a work ID will be required from a Principal, Assist. Principal, Teacher or Secretary only.</p>

<b>This box is for internal use only</b>
Certificate # - Year _____
FILE DATE: _____

<b>Vital Records Official Verification Stamp</b>