Cynthia A. Luczak
Bay County Clerk

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Courthouse Erected A.D. 1932

APPLICATION TO REQUEST A VITAL RECORD FOR GENEALOGICAL RESEARCH

By Law, the Statutory fee must be paid before a search may be made for any Record. The fee schedule is itemized below. Please make check or money order payable to BAY COUNTY CLERK. Fees are *non-refundable.*

1.   *NOTE: BAY COUNTY RECORDS BEGIN WITH THE YEAR 1868.*

		NUMBER	FEE
First record request fee includes 3 year search	$ 15.00		
Additional copies of the same record ordered at the same time	$ 3.00		
Additional years searched per record request	$ 1.00/year		
GENEALOGICAL RESEARCH COPIES ARE *CERTIFIED*		TOTAL:	

2.   RECORD TYPE: ☐ Death   ☐ Marriage   ☐ Divorce   ☐ Birth (See ✱)

✱ - In order to obtain a birth record, you must satisfy the eligibility requirements required by law and supply the following information:

A)   Your **relationship** to person named on the birth record_____

B)   The **date** the person named on the birth record died_____

C)   The **place** the person named on the birth record died_____

2.   _____

    Name of registrant (birth)   -   Name of deceased (death) - Name of groom (marriage) - Name of husband (divorce)

4a.   Date of event:_____   4b.   Place of event:_____

5.   If exact year is unknown, years to be searched should include:_____

6.   _____

    Mother's maiden name (birth)   -   Name of bride (marriage)   -   Name of wife (divorce)

7.   Father's name (for birth only):_____

8.   Applicant's signature:_____   Date:_____

IF THE INFORMATION REQUESTED ABOVE IS NOT KNOWN, please indicate in the box below any data which may be used for identifying the record, such as marital status, name of husband or wife if married, parents' names, ages, or birthplaces.

PLEASE PRINT THE NAME AND MAILING ADDRESS OF   ADDITIONAL INFORMATION:
THE PERSON TO WHOM THE RECORD(S) ARE TO BE SENT:

NAME:_____

ADDRESS: _____

CITY:_____ STATE:_____ ZIP:_____