



Public Health
Prevent. Promote. Protect.

Muskegon County

REQUEST FOR OFFICIAL STATE OF MICHIGAN IMMUNIZATION RECORD

PLEASE **PRINT** CLEARLY.

REQUESTED IMMUNIZATION RECORD INFORMATION

Last Name		First Name		Middle Name	Maiden Name
Date of Birth:		Month	Day	Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Address/Street		City	Zip Code County
Telephone Number:		Area Code/Number -- -		Alt Number:	Area Code/Number -- -

NOTE:

- If the record requested is for a person under 18 years of age, please state your relationship to the child.
- If the record requested is for a person 18 years or older, only the person named on the Immunization record may request a copy.
- If the requestor is a social services agency, please provide a formal request with parental/legal guardian's signature and a photocopy of their state-issued I.D., along with a photocopy of requestor's state-issued I.D.

PRINT Requestor's Name:	
Requestor's Relationship:	
Requestor's Signature:	Date



Public Health
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Bring in or Mail request to:

Public Health - Muskegon County

Attn: Immunizations

209 East Apple Avenue

Muskegon, MI 49442

or FAX: 231-724-3596