



**Public Health**  
Prevent. Promote. Protect.

Muskegon County

## REQUEST FOR OFFICIAL STATE OF MICHIGAN IMMUNIZATION RECORD

PLEASE **PRINT** CLEARLY AND NEATLY

### REQUESTED IMMUNIZATION RECORD INFORMATION

Last Name	First Name	Middle Name	Maiden Name
<b>A:</b>			

Date of Birth:	Month	Day	Year	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	/	/		

**NOTE:** Has **A** recently moved? If so, please provide both old and new addresses. If not, provide current address. If **A** has moved out-of-state, please also provide the last known Michigan address.

<input type="checkbox"/> Old <input type="checkbox"/> Current Address:	Address/Street	City	Zip Code	County

New Address:	Address/Street	City	State	Zip Code	County

**NOTE:** Has **A**'s telephone number recently changed? If so, Please provide both the old and new number:

<input type="checkbox"/> Old <input type="checkbox"/> Current Telephone Number:	Area Code/Number	New Number:	Area Code/Number
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**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.

<b>PRINT</b> Requestor's Name:	
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Requestor's Relationship:	
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Requestor's Signature:	Date



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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

address corrected

FIRST NAME

LAST NAME