



OFFICE OF CITY CLERK

REQUEST FOR CERTIFIED COPIES OF DEATH RECORD

IF REQUESTING BY MAIL-SEND THIS APPLICATION TO:
CITY OF FARMINGTON HILLS
31555 ELEVEN MILE ROAD
FARMINGTON HILLS, MI 48336
ATTN: VITAL RECORDS

\$15.00 FOR ONE COPY \$5.00 FOR ADDITIONAL COPIES ALL COPIES ARE CERTIFIED

INFORMATION AS IT APPEARS ON DEATH RECORD

NAME OF DECEASED _____

DATE OF DEATH _____

PLACE OF DEATH _____

FUNERAL HOME _____

NUMBER OF COPIES REQUESTED _____

INFORMATION ABOUT APPLICANT

APPLICANT'S NAME _____

CURRENT ADDRESS _____

CITY STATE ZIP

APPLICANT'S PHONE NUMBER _____

I, the undersigned, affirm that I am in compliance with the Michigan statues in requesting this record

APPLICANT'S SIGNATURE _____