DEATH RECORD REQUEST FORM

APPLICANT (PERSON REQUESTING RECORD)
PLEASE PRINT CLEARLY AND LEGIBLY **DATE OF REQUEST:**

Applicant's Name:

Address: City/State/Zip:

APPLICANT'S SIGNATURE: _____
(Must be signed in order to process)

Daytime Phone: ( ) Home Phone: ( )

REQUESTED DEATH INFORMATION

DATE OF DEATH:

Name of deceased (Name at time of death):
First Middle Last

Gender ☐ Male ☐ Female

Place of Death: City: Grosse Pointe Farms County: Wayne State: Michigan

REQUESTING A MICHIGAN DEATH RECORD:
Anyone is eligible to request a copy of a Michigan death record if the application is completed and signed and the required fee is paid.

PURPOSE FOR REQUESTING RECORD:
_____

_____

PAYMENT MUST BE MADE IN U.S. FUNDS BY CASH, CHECK OR MONEY ORDER PAYABLE TO THE CITY OF GROSSE POINTE FARMS

First Copy: $17.00 Number of Copies _____

Each Additional Copy: $5.00 Total Amount $_____