

APPLICATION FOR A CERTIFIED COPY—MICHIGAN DEATH RECORD

Michigan Department of Health and Human Services

REQUESTING A MICHIGAN DEATH RECORD: The Michigan Vital Records office has records of deaths that occurred in Michigan and were filed with the state since 1867. Some of the records were not filed with the state; more records are missing from the pre-1906 files. Death records are not restricted documents in Michigan. Anyone can request that a search be conducted if the application is completed and signed, and submitted with the required fee paid.

PART 1 - APPLICANT'S INFORMATION

Applicant's Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Daytime Phone w/area code: _____ Other Phone w/area code: _____

PART 2 - CERTIFICATION OF INFORMATION PROVIDED

By signing this application, I understand that I am agreeing to pay for a search of the State of Michigan Vital Records with the information that I provided. This does not guarantee that a record will be found.

► Applicant's Signature: _____ Date: _____

PART 3 - PURPOSE FOR REQUESTING THE RECORD

PART 4 - DEATH INFORMATION NEEDED TO FIND THE RECORD

If the exact date of death is unknown, please indicate the year you want searched. If you need additional years searched, please see Part 4 payment box for fee information. We can do a search without the "county" of death, but it will not be a thorough search.

| | | | | |
|--|--|------|--|---------------|
| NAME OF DECEASED (at time of death) | | | DATE OF BIRTH | DATE OF DEATH |
| First | Middle | Last | (mm/dd/yyyy) | (mm/dd/yyyy) |
| GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female | DECEDENT'S PLACE OF DEATH City _____ County _____ State _____ | | Other variations of same name or locations | |

Please provide any of the following additional information that would help us locate the death record

| | |
|--|--|
| DECEDENT'S PLACE OF BIRTH State _____ Country _____ | DECEDENT'S SOCIAL SECURITY NUMBER _____ |
|--|--|

| | |
|--|--|
| DECEDENT'S PARENT/MOTHER'S NAME First _____ Middle _____ Last _____ | DECEDENT'S PARENT/FATHER'S NAME First _____ Middle _____ Last _____ |
|--|--|

PART 5 - FEES Includes one certified copy or no-find letter

| | | | |
|---|---|----------|----------------------------|
| Base Fee: Includes One Year Search | \$34.00 | \$ 34.00 | |
| <input type="checkbox"/> Short Form* (without medical info) | <input type="checkbox"/> Long Form* (see back) (with medical info) | | Must check one ← |
| Additional Copies (Each) _____ x \$16.00 | | \$ | |
| Additional Years Search, # yrs _____ x \$12.00 (when exact year unknown) | | \$ | |
| Years you want searched: _____ | | | |
| Expedited "RUSH" Service (additional) | \$12.00 | \$ | |
| Payment to "State of Michigan" TOTAL | | \$ | |

For Accounting Use Only

Is your request complete?

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| | |
|---|--|
| DECEDENT'S PLACE OF BIRTH _____ State Country | DECEDENT'S SOCIAL SECURITY NUMBER _____ |
|---|--|

| | |
|--|--|
| DECEDENT'S MOTHER'S NAME _____ First Middle Last | DECEDENT'S FATHER'S NAME _____ First Middle Last |
|--|--|

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