

**APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD
IF DEATH OCCURRED IN MADISON HEIGHTS**

PRINT CLEARLY

Name of Deceased _____ Date of Death _____

Name of Person or Institution making request _____

Address: _____
Street Address City State/Zip

Applicant's signature: _____ Date _____

Number of Copies requested: _____ **Fee: \$15.00 first copy
5.00 each additional copy**

A check or money order made out to the City of Madison Heights is required before the death certificate can be issued.

Mail or apply in person to: CITY CLERK'S OFFICE
300 W. 13 MILE ROAD
MADISON HGTS, MI 48071
248- 583-0826

THIS BOX FOR OFFICE USE ONLY

DATE ISSUED _____	INFORMATION
RECEIPT # _____	YEAR _____
# OF COPIES ISSUED _____	LOCAL FILE # _____