

**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 # _____