

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
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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 #_____