



OFFICE OF CITY CLERK

**REQUEST FOR CERTIFIED COPIES OF DEATH RECORD**

IF REQUESTING BY MAIL-SEND THIS APPLICATION TO:  
CITY OF FARMINGTON HILLS  
31555 ELEVEN MILE ROAD  
FARMINGTON HILLS, MI 48336  
ATTN: VITAL RECORDS

*\$15.00 FOR ONE COPY, \$5.00 FOR ADDITIONAL COPIES ALL COPIES ARE CERTIFIED*  
Payable to: City of Farmington Hills

**INFORMATION AS IT APPEARS ON DEATH RECORD**

NAME OF DECEASED \_\_\_\_\_  
DATE OF DEATH \_\_\_\_\_  
PLACE OF DEATH \_\_\_\_\_  
FUNERAL HOME \_\_\_\_\_  
NUMBER OF COPIES REQUESTED \_\_\_\_\_

**INFORMATION ABOUT APPLICANT**

APPLICANT'S NAME \_\_\_\_\_  
CURRENT ADDRESS \_\_\_\_\_  
CITY STATE ZIP  
APPLICANT'S PHONE NUMBER \_\_\_\_\_

I, the undersigned, affirm that I am in compliance with the Michigan statutes in requesting this record

APPLICANT'S SIGNATURE \_\_\_\_\_

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**FOR OFFICE USE ONLY**

LOCAL FILE # \_\_\_\_\_ # OF COPIES RECEIVED \_\_\_\_\_ AMOUNT RECEIVED \_\_\_\_\_ DATE \_\_\_\_\_