



Clinton County Clerk

Diane Zuker

Courthouse ♦ 100 E. State St. ♦ Suite 2600

St. Johns, MI 48879

(989) 224-5140 ♦ Fax (989) 227-6421

REQUEST FOR CERTIFIED COPY OF DEATH

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Daytime phone number to contact you if there is a problem () _____

APPLICANT'S SIGNATURE:

Must be signed in order to process

The fee is \$13.00 for the first copy, and \$5.00 for EACH ADDITIONAL COPY of the same record when ordered at the same time as the first copy.

REQUIRED DEATH INFORMATION

Name at Death: _____

First

Middle

Last

Date of Death: _____ **Place of Death:** _____

MM/DD/YY

City

County

Number of Copies Requested: _____

Mail this application with a **CHECK** or **MONEY ORDER** payable to: **CLINTON
COUNTY CLERK**