Clinton County Clerk
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 $15.00 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**