

REQUEST FOR CERTIFIED COPY OF A DEATH RECORD

I, _____, request a
(NAME OF PERSON MAKING REQUEST)

Death Certificate for: _____
(FULL NAME OF DECEASED)

Date or approximate date of death: _____

Place of Death: _____

Date of birth or approximate age at time of death: _____

Signature of Person Requesting The Record: _____

Phone Number: _____ *Email Address:* _____

Please Mail Request(s) To:

Marquette County Clerk
Courthouse
234 West Baraga Avenue
Marquette, Michigan 49855

Vital Record Fees: \$10.00 for the first copy \$ 5.00 each for duplicate(s) of same

Number of Copy(s) Requesting: _____ Enclosed is my check/money order for \$ _____

Please return the certified copy(s) to:

*****Please use a separate form for each person or type of vital record*****