

REQUEST FOR CERTIFIED DEATH RECORD
City of Royal Oak

Date _____

Number of Copies _____

\$15.00 first certificate
\$5.00 for each additional certificate

Requested by _____

Address _____

Telephone No. _____

(Signature) _____

Please make check payable to the **City of Royal Oak**.

Mail to: **City of Royal Oak, Attn: Clerk's Office, 203 South Troy St., Royal Oak MI 48067**

**PLEASE NOTE - OUT OF STATE REQUESTS MUST BE ACCOMPANIED WITH A CERTIFIED
CHECK OR MONEY ORDER**

Information as it appears on Death Record:

Full Name on Death Record _____

Date of Death _____ Date of Birth (Optional) _____

PENALTIES: Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit identity theft or commit another crime is guilty of a felony punishable by imprisonment for up to five years and/or a fine of up to \$25,000. MCL 445.69

FOR OFFICE USE ONLY

Paid _____ Date _____ Clerk's Initials _____