

**REQUEST FOR CERTIFIED DEATH RECORD**  
**City of Royal Oak**

Date \_\_\_\_\_

Number of Copies \_\_\_\_\_

**\$15.<sup>00</sup> first certificate**  
**\$5.<sup>00</sup> 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) \_\_\_\_\_

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**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 \_\_\_\_\_