



Dearborn Heights Request for Certified Death Certificates

Office Use Only:

I am requesting copies of the Death Certificate of:

Name

Date of Death

Number of Copies (\$5 each)

I am this person's:

- Spouse Legal Representation/Guardian
 Parent
 Child Other - _____

My Information:

Name

Street Address

Ext.

City

State

Zip

X _____

Signature

Date