



innovative by nature

City of Rochester Hills, MI
Death Certificate
Application for Certified Copy
CLE-00101-P/ Rev. 052014

Fees:

- \$15.00 - First certified copy
- \$5.00 - Each additional copy when ordered with first copy

Instructions:

- Please use one form per request.
- Please print information below.

No. of Copies Requested:

Information Regarding Deceased:

First Name	Date of Birth
Middle Name	Date of Death
Last Name	Place of Death (hospital, institution or street address)

Additional Information (optional):
If the information requested above is not known, please indicate below any data which may be used for identifying the record, such as marital status, name of husband or wife (if married), parents' names, age or birthplace.

Name of Applicant (please print)	Applicant Street Address
	Applicant City, State, Zip Code

Signature of Applicant	Date
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Office Use Only

Copies Requested _____ Paid _____ Check # _____ Cash _____ L.F. # _____

Date Received _____ Date Mailed _____ Date Picked Up _____