

# 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: \_\_\_\_\_

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*Signature of Person Requesting The Record:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *Email Address:* \_\_\_\_\_

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## **Please Mail Request(s) To:**

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

**Vital Record Fees:** \$14.00 for the first copy \$ 7.00 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\*\*\***