

**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, 211 Williams 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 _____