Full Name on Death Record:

______________________________________________________________

Date of Death:_________________________________________________

Requestor’s Name:

______________________________________________________________

Requestor’s Address____________________________________________

Address to Mail Copies to (if different than requestors address)

______________________________________________________________

1st Copy is $15 Each Additional copy is $5

Number of Certified Copies: ___________

______________________________________________________________

Your Signature

Anyone who obtains or attempts to obtain a vital record of another person with the intent to commit any crime is guilty of a felony.

______________________________________________________________

DEATH CERTIFICATES VIA MAIL

- Complete Attached Form –
- Please make your Certified Check or Money Order payable to: City of Garden City
- $15.00 First Copy - $5.00 Any Additional Copies
- Return Address to Mail Certicate to

MAIL REQUEST TO:
ATTN: DEATH RECORDS
CITY OF GARDEN CITY
6000 MIDDLEBELT
GARDEN CITY, MI 48135

THE CITY OF GARDEN CITY HAS DEATH RECORDS ONLY FOR INDIVIDUALS THAT DIED IN GARDEN CITY.

____________________________________________________________________

OFFICE USE ONLY

$ ________________ Clerk’s Initial’s