



# Request for a Certified Copy of a Death Certificate

**George T. Darany, City Clerk**

**City of Dearborn, 16901 Michigan Ave. Ste. 11, Dearborn, MI 48126**

**313-943-2685**

## Applicant Information: Please Print

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information of Deceased: Please Print

Name of deceased: \_\_\_\_\_  
(First) (Middle) (Last)

Date of death: \_\_\_\_\_  
(Month) (Date) (Year)

## Fees:

- 1st Certified Copy: \$20.00
- Each additional Copy of the same record requested: \$5.00
- Make check or Money Order payable to: City of Dearborn

Total No. of Copies Requested: \_\_\_\_\_

Mail request to: Dearborn City Clerk  
Death Certificate  
16901 Michigan Ave. Ste. 11  
Dearborn, MI 48126