

**Request for Certified Copy of Death Record**

\$10.00 First Copy - \$3.00 each additional copy  
(make checks payable to City of Allen Park)

Number of Copies Requested \_\_\_\_\_

NAME OF DECEASED (Print) \_\_\_\_\_

First Middle Last

DATE OF DEATH (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

NAME OF HOSPITAL OR ADDRESS WHERE DEATH OCCURED:

\_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

SIGNATURE OF REQUESTER \_\_\_\_\_

RELATIONSHIP TO DECEASED \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_