



CITY OF TROY | CITY CLERK'S OFFICE | 500 WEST BIG BEAVER | TROY, MI 48084
248.524.3316 | FAX: 248.524.1770 | E-MAIL: CLERK@TROYMI.GOV

Birth or Death Record Verification Form

*Please Submit Completed Form by Email, by Fax or in Person at the City Clerk's Office.
Hours: 8:00 AM-4:30 PM, Monday-Friday*

(PLEASE **PRINT** INFORMATION IN INK.)

Name of Individual _____

Nature of Event Birth Death

Date of Event _____

Location of Event _____

Date of Filing _____

The above information is true and accurate to the best of my knowledge.

Applicant's Signature _____

Applicant's Driver's License Number _____
(A COPY OF THE DRIVER'S LICENSE MUST BE INCLUDED)

Applicant's Phone Number _____

PLEASE ENCLOSE A COPY OF THE APPLICANT'S DRIVER'S LICENSE.

CLERK'S OFFICE USE ONLY	
LOCAL FILE NUMBER _____	DATE / TIME OF VERIFICATION _____
NOTIFIED APPLICANT YES <input type="checkbox"/> NO <input type="checkbox"/>	EMPLOYEE WHO VERIFIED RECORD _____