



City of Wyandotte

City Clerk's Office
3200 Biddle Avenue
Wyandotte, MI 48192
(734) 324-4560

APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

NAME OF DECEASED:	
First	Middle Last
DATE OF DEATH:	Month Day Year
CITY OF DEATH:	
# of Copies Requested:	
Applicant's Address: (Where copies are to be mailed, if applicable)	
Applicant's Signature:	
Applicant's Printed Name:	
Date:	
FEES:	First copy is \$20. Each additional copy purchased at the same time is \$10 each. Please make checks payable to the City of Wyandotte