



OFFICE OF THE
WARREN CITY CLERK

Suite 205
One City Square
Warren, MI 48093-2393
Phone: (586) 574-4557

CERTIFIED COPY OF: DEATH CERTIFICATE

(must have passed in the City of Warren)

Form may be submitted in person, or by mail along with payment (made payable to: City of Warren)
Do not e-mail this application form. E-mailed forms will NOT be processed.

Today's Date: _____

Name of Deceased: _____

Date of Death: _____

Number of copies: _____

One Certificate:	\$7.50
Each Additional Certificate:	\$3.00
<i>(per record, per transaction)</i>	

Applicant's Name: _____
(PLEASE PRINT)

Signature: _____

Please complete if requesting by mail:

Mailing Address: _____ Telephone: _____

City, State, Zip: _____

FOR OFFICIAL USE ONLY	
CHECK # _____	LF: _____
RCPT # _____	