



**Request of Certified Copies of Death Record**  
**Office of the City Clerk**  
**3355 S. Wayne Rd.**

**\$20.00 FOR ONE (1) COPY; \$5.00 EACH ADDITIONAL COPY** (SAME RECORD, SAME ORDER)  
ALL COPIES ARE CERTIFIED  
CASH, CHECK OR MONEY ORDER ONLY (IN PERSON)

**Name of Deceased:** \_\_\_\_\_

**Date of Death** \_\_\_\_\_

**Place of Death** \_\_\_\_\_

**Mailing Name & Address** \_\_\_\_\_  
(First) (Last)

**Address:** \_\_\_\_\_  
(Number/Street) (City/State) (Zip)

**Phone Number:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**NUMBER OF CERTIFIED COPIES REQUESTED:** \_\_\_\_\_

**If requesting by mail please send:**

1. This completed application
2. Check or money order for full amount **PLUS** additional **\$1.00** for postage made payable to "City of Wayne".

**To:** City of Wayne/City Clerk's Office  
Attn: Vital Records  
3355 S. Wayne Rd.  
Wayne, MI 48184