



innovative by nature

City of Rochester Hills, MI  
Death Certificate  
Application for Certified Copy  
CLE-00101-P/ Rev. 122020

Fees:

- \$15.00 - First certified copy
- \$5.00 - Each additional copy when ordered with first copy

Instructions:

- Please use one form per request.
- Please print information below.

No. of Copies Requested:

Information Regarding Deceased:

First Name	Date of Birth
Middle Name	Date of Death
Last Name	Place of Death (hospital, institution or street address)

Additional Information (optional):  
If the information requested above is not known, please indicate below any data which may be used for identifying the record, such as marital status, name of husband or wife (if married), parents' names, age or birthplace.

Name of Applicant (please print)	Applicant Street Address
Daytime Phone Number	Applicant City, State, Zip Code

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Copies Requested \_\_\_\_\_ Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ L.F. # \_\_\_\_\_

Date Received \_\_\_\_\_ Date Mailed \_\_\_\_\_ Date Picked Up \_\_\_\_\_