

**GENESEE COUNTY CLERK
APPLICATION FOR DEATH RECORD
(Please Print)**

APPLICANT INFORMATION (Person Requesting Record)

Applicant's Name: _____

Address: _____

City/State/Zip _____

Daytime phone number to contact you if there is a problem: () _____

APPLICANT'S SIGNATURE:

Must be Signed in Order to Process

REQUESTED DEATH INFORMATION

(Death Must Have Occurred in Genesee County)

Name at Death: _____
First Middle Last

Date of Death: _____
Month Day Year

Place of Death: _____
City County

The fee is \$25.00 for the first copy, and \$10.00 for EACH ADDITIONAL COPY of the same record when ordered at the same time as the first copy.

Number of Copies Requested: _____

Mail this application with a **MONEY ORDER** payable to:

**Genesee County Clerk
Vital Records
900 S. Saginaw St.
Flint, MI 48502**

For additional information call (810) 257-3225