

**COUNTY OF ST. CLAIR, MICHIGAN
201 MCMORRAN BLVD.
ROOM 1100
PORT HURON MI 48060**

**MARILYN DUNN
County Clerk/Register**

Request for Death Certificate.

**PLEASE PRINT
PERSON REQUESTING CERTIFICATE:**

Name _____

Address _____

City _____ State _____ Zip _____

- **The person requesting the death certificate must enclose a copy of their driver's license or state identification.**

DEATH CERTIFICATE REQUESTED:

First Middle Last

Date of Death _____ Place of Death _____

Enclose \$10.00 for one copy and \$5.00 for each additional copy. Please enclose a self-addressed, stamped envelope for a prompt return to your request.

Signature of Applicant Date

PHONE: County Clerk (810) 985-2200

Fax (810) 985-4796