

DEATH CERTIFICATE APPLICATION

DOCUMENT INFORMATION	
Name of Deceased:	
Date of Death:	Number of Copies Requested:
COST	
\$10.00 for first copy \$3.00 for each additional copy	
INFORMATION OF PERSON REQUESTING RECORD	
NAME:	
STREET ADDRESS:	
CITY, STATE, ZIP:	

Signature: _____

Date: _____

- Please make payment to Schoolcraft County Clerk
- Mail to: 300 Walnut Street, Room 164 Manistique, MI 49854