

APPLICATION FOR A CERTIFIED COPY—MICHIGAN DEATH RECORD

Michigan Department of Health and Human Services

REQUESTING A MICHIGAN DEATH RECORD: The Michigan Vital Records office has records of deaths that occurred in Michigan and were **filed** with the state since **1867**. Some of the records were not filed with the state; more records are missing from the pre-1906 files. Death records are not restricted documents in Michigan. Anyone can request that a search be conducted if the application is completed and signed, and submitted with the required fee paid.

PART 1 - APPLICANT'S INFORMATION

Applicant's Name: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Daytime Phone w/area code: _____ Other Phone w/area code: _____

PART 2 - CERTIFICATION OF INFORMATION PROVIDED

By signing this application, I understand that I am agreeing to pay for a search of the State of Michigan Vital Records with the information that I provided. This does not guarantee that a record will be found.

► **Applicant's Signature:** _____ **Date:** _____

PART 3 - PURPOSE FOR REQUESTING THE RECORD

PART 4 - DEATH INFORMATION NEEDED TO FIND THE RECORD
 If the exact date of death is unknown, please indicate the year you want searched. If you need additional years searched, please see Part 4 payment box for fee information. We can do a search without the "county" of death, but it will not be a thorough search.

NAME OF DECEASED (at time of death)			DATE OF BIRTH	DATE OF DEATH
First	Middle	Last	(mm/dd/yyyy)	(mm/dd/yyyy)
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DECEDENT'S PLACE OF DEATH City _____ County _____ State _____		Other variations of same name or locations	

Please provide any of the following additional information that would help us locate the death record

DECEDENT'S PLACE OF BIRTH State _____ Country _____	DECEDENT'S SOCIAL SECURITY NUMBER _____ - _____ - _____
--	--

DECEDENT'S MOTHER'S NAME First _____ Middle _____ Last _____	DECEDENT'S FATHER'S NAME First _____ Middle _____ Last _____
---	---

PART 5 - FEES Includes one certified copy or no-find letter

Base Fee: Includes One Year Search \$34.00	\$ 34.00
<input type="checkbox"/> Short Form* (without medical info)	<input type="checkbox"/> Long Form* (with medical info) (see back)
Must check one 	
Additional Copies (Each) _____ x \$16.00	\$
Additional Years Search, # yrs _____ x \$12.00 (when exact year unknown) Years you want searched: _____	\$
Expedited "RUSH" Service (additional) \$12.00	\$
Payment to "State of Michigan" TOTAL	\$

For Accounting Use Only

Is your request complete?

APPLYING IN PERSON

LOCATION:

South Grand Building, 1st Floor
333 S Grand Avenue
Lansing MI 48933 (corner of Grand & Kalamazoo)

LOBBY HOURS: 8:00 am - 5:00 pm M-F except for recognized state holidays.

DIRECTIONS: Visit our website at:

www.michigan.gov/vitalrecords or call 517-335-8666.

SAME DAY SERVICE: Orders at our counter must be placed by 3:00 pm in order to receive same-day service. Additional "rush" fee of \$12.00 is required for same-day service and you must allow up to a 2 hour waiting period for the order to be processed. Genealogy requests may take longer.

PAYMENT: A money order, credit card or cash can be used at our front counter. A personal check can also be used if NOT same-day service. Make checks and money orders payable to "State of Michigan".

***Short form vs. Long form (from front):** A short form includes pertinent facts on who died, when and where they died, and the manner of death (natural, accidental etc.), but no medical information. A long form includes the full death registration including the medical conditions reported and other circumstances that led to death.

PROCESSING TIMES FOR MAIL REQUESTS

REGULAR SEARCH: The processing time for a regular request will be approximately 5 weeks, depending on the volume of requests received.

EXPEDITED (RUSH) SEARCH: The processing time for a "rush" request will be approximately 2 weeks, depending on the volume of requests received.

ADDITIONAL INFORMATION: If you find that the processing times listed do not meet your needs, please call our Eligibility Unit at 517-335-8666 and speak with a customer service representative. They may be able to offer additional help to meet your individual situation.

MAIL APPLICATION TO

REGULAR MAIL TO:

Vital Records Requests
PO Box 30721
Lansing MI 48909

RUSH MAIL TO:

Vital Records RUSH
PO Box 30721
Lansing MI 48909

www.michigan.gov/vitalrecords
517-335-8666

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.