

REQUEST FOR VERIFICATION OF A MICHIGAN DEATH RECORD

Michigan Department of Health and Human Services

APPLICANT INFORMATION (PERSON REQUESTING VERIFICATION)

Applicant's Name	Date	/	/
Agency Name			
Contact Phone Number	Area Code ()	—	
Mailing Address			
City/State/Zip			
Fax or Email results to:			

APPLICANT SIGNATURE

Sign Here (Must be original in ink, by hand) _____

Must be signed in order to process. By signing this application, I understand that I am agreeing to pay for a search of the State of Michigan vital records. This does not guarantee that a record will be found.

VERIFICATION INFORMATION

MCL 333.2881(2), allows for verification of **ONLY the name of the subject of the death record, date of death, place of death, and filing date**. The information you provide must match exactly what is on the record. No copy of the record will be issued, and no additional information can be verified by this office. This request form will be returned to you stamped with a Yes/No indication that a Michigan death record was identified as matching the supplied facts, or that no record matched.

FACTS TO BE VERIFIED

Do not leave information blank

Decedent's Name			
First	Middle	Last	
Date of Death			
Month	Day	Year	
Place of Death			
County			

VERIFICATION STAMP

For Vital Records Official Stamp

Date of Filing – Enter ONLY if you have a copy of the record. (Date the record was originally filed or received by the local registrar; Not the date of issuance.)

Month	Day	Year	
-------	-----	------	--

PAYMENT

With mail-in requests, payment must be made in U.S. funds by Check or Money Order payable to the "State of Michigan". With in-person requests, payment can also be made by cash or credit card. Checks are **not** accepted for same-day service requests.

TURN-AROUND TIME

REGULAR SEARCH: Approximately 3 weeks of in-office processing time for Mail-in Requests. May vary by volume of requests received.

EXPEDITED PROCESSING: Approximately 2 weeks in-office time for mailed requests. In-person requests are processed in 1 to 2 hours.

Each Verification Search (Non-Refundable)	\$18.00
Expedited In-office Processing \$12.00 Additional	\$
Total	\$

MAIL APPLICATION (WITH CHECK OR MONEY ORDER)

REGULAR MAIL TO: Vital Records Requests P.O. Box 30721 Lansing MI 48909	RUSH MAIL TO: Vital Records RUSH P.O. Box 30721 Lansing MI 48909
--	---

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 belief, or disability.