APPLICATION FOR A CERTIFIED COPY— MICHIGAN DEATH RECORD

Michigan Department of Health and Human Services

PART 1 – APPLICANT	INFORMATI	ON (PERSON FIL	LING C	OUT THIS FORM)		
Applicant's First Name		Middle		Last		
Mailing Address			City		State Zip	'
		Email				
PART 2 – DEATH INFO	RMATION (1	O LOCATE REC	ORD O	N FILE)		
The name of the person	on record ar	d <u>year of death</u> a are unknown, we	are requ	ired in order to co	emplete the search. Do no arr you provide. If you no	
NAME OF DECEASED (at time of death)		First	1	Middle	Last	
DATE OF BIRTH (mm/dd/year)				DATE OF DEAT (mm/dd/year)	Н	
DECEDENT'S PLACE OF DEATH		City	Co	ounty	State	
DECEDENT'S SEX Mal	e □ Fen	nale □		DECEDENT'S S	OCIAL SECURITY NUM	BER
ANY SPELLING VARIA OF DECEDENT'S NAM	-					
DECEDENT'S PARENT'S			DECEDENT'S PARENT'S NAME			
First	Middle	Last		First	Middle	Last
DECEDENT'S PLACE OF BIRTH		City	Co	unty	State	
PART 3 – PURPOSE O	F REQUEST					
PART 4 – APPLICANT	SIGNATURE	(PERSON FILL	NG OII.	T THIS FORM)		
By signing, I understand la record will be found. Fa criminal penalties. Per Mo Your Signature: (Must be original in ink, by h	am agreeing Isifying an ap CL 333.2894(to pay for a sear plication for a vita b) and 445.65.	ch of Stal record	ate of Michigan Vi	the identity of another pe	
PART 5 – PAYMENT		Application Fee	include	s one Certified C	opy or a No-Find Letter	
Base Fee (Includes one Must check one →	☐ Shor (without			Long Form	\$34.00	\$
Additional Years to Sear (If exact death year is un		Specify Years _			\$12.00 per year	\$
Additional Certified Copies		Specify Quantity			\$16.00 each	\$
Expedited "Rush" Processing		Reduces in-office time. (Does not affect mail time to/from our office)				\$
CHECK or MONEY ORDER made out to the "State of Michigan" (Request will not be processed if payment is not included in envelope)					Total Amount Enclosed	\$

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 records were not filed with the state; some 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, signed, and submitted with the required fee paid.

Short Form versus Long Form – A short form record includes pertinent facts of who is deceased, when and where the death occurred, but no medical information or manner of death. A long form record includes the full death registration including the medical conditions reported and other circumstances which led to death.

PROCESSING TIMES FOR MAILED REQUESTS

REGULAR SEARCH

Approximately 4 to 6 weeks of in-office processing time, depending on volume of requests received. Then sent via regular mail.

EXPEDITED "RUSH" SEARCH

Approximately 2 to 3 weeks of in-office processing time, depending on volume of requests received. Then sent via regular mail.

ADDITIONAL INFORMATION: Results are sent USPS First Class Mail, Pre-Paid envelopes will NOT be accepted If you find that the above processing times do not meet your needs, please visit www.michigan.gov/vitalrecords or call our Eligibility Unit at 517-335-8666 to speak with a customer service representative about available options.

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

ALTERNATIVE ORDERING OPTIONS

ONLINE or PHONE

To place an order through our authorized service provider, VitalChek, visit **www.michigan.gov/vitalrecords** or call **866-443-9897**. Michigan Vital Records orders placed through VitalChek have Regular, Expedited, Will-Call pickup and Expedited + UPS delivery options available. Pricing will vary when ordering online or by phone and will include VitalChek's processing fee. A credit or debit card is required for payment at the time of ordering.

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.

DCH-0569-DX (Rev. 02/2025) By Authority of MCL 333.2882(1)(a)(b) and MCL 333.2891(1-4) (8)