



Request for a Certified Copy of a Death Certificate

George T. Darany, City Clerk

City of Dearborn, 16901 Michigan Ave. Ste. 11, Dearborn, MI 48126

313-943-2685

Applicant Information: Please Print

Name: _____ Phone: _____

Address: _____

City, State, Zip: _____

Signature: _____ Date: _____

Information of Deceased: Please Print

Name of deceased: _____
(First) (Middle) (Last)

Date of death: _____
(Month) (Date) (Year)

Fees:

- 1st Certified Copy: \$20.00
- Each additional Copy of the same record requested: \$5.00
- Make check or Money Order payable to: City of Dearborn

Total No. of Copies Requested: _____

Mail request to: Dearborn City Clerk
Death Certificate
16901 Michigan Ave. Ste. 11
Dearborn, MI 48126