

Application for certified copy of Death Certificate

This record of Death can only be obtained by eligible persons, who can answer the following questions

Full Name of Decedent _____

Has Decedent ever changed name since birth _____

If so what are the previous names _____

Gender of decedent _____

Date of Death _____ Date of Birth _____

Residence at time of Death _____

County of Death _____ City of Death _____

Cause of Death _____

Social Security number of Decedent _____

Are you;

Relative, a Legal Heir, court appointed legal guardian, Requesting for a legal matter

(If you are related please state how)

What is the Reason you are applying for a copy of this death certificate?

(This record has restricted use, can only be used for the reason it is being requested)

If mailing in a request you need to supply proof of identity, copy of your driver's license, and the fee paid by check or money order; to the Arenac County Clerk

Any Questions or concerns contact the county clerk's office 989-846-4626

I agree and attest the information being provided on this application is to the best of my ability, I understand that there could be additional information requested by the vital records department at the Arenac County Clerk's office if needed. A fee can be assessed for them to supply the requested record / records. The use of this vital record is restricted to the use it was requested for.

Applicants Signature; _____

Applicants Address; _____

Applicant's phone number; _____

Today's Date _____

If there is any other information you feel we need to know to process your request

Please write it below

Thank you

Arenac County Clerk's Office