Full Name on Death Record:	A Great Place to Call Home!
Date of Death:	
Requestor's Name:	
Requestor's Address	
Address to Mail Copies to (if different address)	t than requestors
1 <sup>st</sup> Copy is \$15 Each Addit  Number of Certified Copies:	2.0
Your Signature	
Anyone who obtains or attempts to obtain of another person with the intent to conguilty of a felony.	
OFFICE USE ONL	X
\$	Clerk's Initial's

## DEATH CERTIFICATES <u>VIA MAIL</u>

- Complete Attached Form -
- Please make your Certified Check or Money Order payable to: City of Garden City
- \$15.00 First Copy \$5.00 Any Additional Copies
- Return Address to Mail Certificate to
- MAIL REQUEST TO:

ATTN: DEATH RECORDS CITY OF GARDEN CITY 6000 MIDDLEBELT GARDEN CITY, MI 48135

THE CITY OF GARDEN CITY HAS DEATH RECORDS ONLY FOR INDIVIDUALS THAT DIED IN GARDEN CITY.