



PAUL WOJNO CITY CLERK

Suite 205
One City Square
Warren, MI 48093-2393
Phone: (586) 574-4557

CERTIFIED COPY OF: DEATH CERTIFICATE

*Form may be submitted in person, or by mail along with payment.
Do not e-mail this application form. E-mailed forms will NOT be processed.*

Today's Date: _____

Name of Deceased: _____

Date of Death: _____

Number of copies: _____

First Copy:	\$7.50
Each Additional Copy:	\$3.00

Applicant's Name: _____
(PLEASE PRINT)

Signature: _____

Please complete if requesting by mail:

Mailing Address: _____ Telephone: _____

City, State, Zip: _____

FOR OFFICIAL USE ONLY	
CHECK # _____	LF: _____
RCPT # _____	