



# Request for Certified Copy of Death Record

City of Westland, 36300 Warren Road, Westland, MI 48185  
734-467-3185

## Applicant Information:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Information as it Appears on the Death Record:

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Place of Death (if known): \_\_\_\_\_

## Fees:

- 1<sup>st</sup> Certified Copy: \$19.00
- Each Additional Copy of the same record requested at the same time: \$7.00
- If ordering by mail, make checks payable to the **City of Westland**.

Number of Copies Requested: \_\_\_\_\_

Address Request by Mail to: City Clerk's Office  
Vital Records  
36300 Warren Road  
Westland, MI 48185