



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:

- 1st 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