## PATTIE S. BENDER ST. JOSEPH COUNTY CLERK P.O. BOX 189

**CENTREVILLE, MICHIGAN 49032 PHONE: (269)-467-5602** 

## APPLICATION FOR A CERTIFIED COPY OF DEATH PLEASE PRINT EXCEPT FOR SIGNATURE

Name of deceased:			
	(First)	(Middle)	(Last)
Date of death:			
	(Month)	(Date)	(Year)
Approximate year	if exact year is u	nknown:	
Place of death:	·		
	(City/Townshi	p/Village)	(County)
Name of Requester	••		, ,
Address of Request	ter:		
Phone Number:	D	river's License Number:_	
Signature:		Date:	
Number of certified	d copies desired:		
FEE SCHEDULE:	Money Order p	opy - \$13.00 Additional C payable to: St. Joseph C RSONAL CHECKS	-

A copy of your driver's license must accompany this request.