



JASON VANDERSTELT
NEWAYGO COUNTY CLERK
COUNTY BUILDING
P.O. BOX 885
WHITE CLOUD, MI 49349-0885

231/689-7235

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD
PRINT CLEARLY

1. Applicant Name: _____
Street: _____
City: _____ State _____ Zip _____
Phone: _____

****DEATH RECORD INFORMATION****

2. Name at Death: _____
First Middle Last

3. Date of Death: _____

4. Place of Death (if known): _____

5. APPLICANT'S SIGNATURE _____
Signature Date

| | | |
|--------------------|---------|----|
| One Certified Copy | \$20.00 | \$ |
| _____ Add'l Copies | \$ 7.00 | \$ |
| Total Enclosed | | \$ |

MAIL THIS APPLICATION WITH CHECK OR MONEY ORDER PAYABLE TO:
NEWAYGO COUNTY CLERK