OSCODA COUNTY

APPLICATION FOR DEATH RECORD

The fee is \$10.00 for the first certified copy and \$5.00 for each additional copy of the same record when ordered at the same time.

Number of copies requested:		
Name on Record: Last:	First:	Middle:
Date of Death: Month:	Day:	Year:
Applicants Relations	ship to Deceased: _	
further states that anyone who obtains	s, or attempts to obtain nit another crime is guild	personal identifying information". The law a vital record of another person with the ty of a felony punishable by imprisonment
APPLICANTS INFORMATION : (PE	ERSON REQUESTING RE	ECORD)
NAME:		
ADDRESS:		
CITY/STATE/ZIP:		PHONE
SIGNATURE:		
Mail this Application with a check Oscoda County Clerk's Office P.O. Box 399 Mio, Michigan 48647	k or money order pay	able to:
Or Fax to 989-826-1136	•	Clerk's Information: Receipt #

Date: _____