

Press the print button below and take to the County Clerk's Office,
or mail to address below. Appropriate identification must accompany request.

Livingston County Clerk

200 E. Grand River
Howell, Michigan 48843

Death Certificate Request

Number of copies required: _____

Please enter all of the information below as it appears on the record.

Full Name: _____

Date of Death: _____

Place of Death (City of Township): _____

Your relationship to the person first named on this form:

Parent **Guardian** **Heir**

I the undersigned, hereby certify that the forgoing is true to the best of my knowledge and belief, and the record is being obtained for lawful purposes.

Signature of applicant

Mail to:

Full Name	Drivers License Number
Street Number	Telephone Number
City , State, Zip Code	Social Security Number (optional)

YOU MUST INCLUDE A COPY OF VALID GOVERNMENT ISSUED IDENTIFICATION WITH REQUEST.
If your record is being mailed to you, the mailing address must match the address shown on the identification that is submitted.

[Click here to Print](#)