



CAROL A. McAULAY, C.C.O.
 Clare County Clerk – Register of Deeds
 Official Abstractor

225 W. Main Street
 P.O. Box 438
 Harrison, MI 48625
 Tel. (989) 539-7131
 Fax (989) 539-6616

REQUEST FOR VERIFICATION OF A MICHIGAN DEATH RECORD

APPLICANT (PERSON REQUESTING VERIFICATION)		DATE: / /
Please type or print clearly & legibly		● Agency Name
		● Applicants Name
		● Mailing Address
		● City/State/Zip

● **APPLICANT'S SIGNATURE:** _____
 Must be signed in order to process

VERIFICATION INFORMATION - A request for a verification of a Michigan death record (since 1871) will be returned to you stamped with an indication that a record was identified which matched the supplied facts, or that no record could be identified which matched the supplied facts. State law allows for verification of **ONLY name, date, place and filing of the requested event. This information must match exactly what is on the record.** No additional information can be verified or supplied by this Vital Records Office. State law requires a \$10.00 fee for each search of the facts for verification.

FACTS TO BE VERIFIED		
Name on the Record (Must match exactly what is on record)		
_____	_____	_____
<small>First</small>	<small>Middle</small>	<small>Last</small>
Date of Event (Must match exact date on record)		
_____	_____	_____
<small>Month</small>	<small>Day</small>	<small>Year</small>
Place of Event		

<small>County</small>		
Date of Filing (Date the record was filed – Enter ONLY if you have a copy of the record)		

METHOD OF PAYMENT – Payment must be made in U.S. funds by money order payable to Clare County Clerk's Office - see address above.	
Non-Refundable Amount To Be Enclosed	\$10.00

We cannot process your request without payment.

VERIFICATION STAMP (For Vital Records Official Stamp)
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