

REQUEST FOR VERIFICATION OF A TUSCOLA COUNTY DEATH RECORD

Please type or print clearly and legibly.

Please complete the below information

Date: _____

Agency Name: _____

Applicant's Name: _____

Mailing Address: _____

City/State/Zip: _____

Applicant's Signature: _____

This request form must be signed in order to process. By signing this application, I understand that I am agreeing to pay for a search of the Tuscola County Vital Records. This does not guarantee that a record will be found.

VERIFICATION INFORMATION: This request form for verification of a Tuscola County death record will be returned to you with an indication that a record was identified which matched the supplied facts, or no record could be identified which matched the supplied facts. State law (MCL 333.2881 (2)) allows for verification of **ONLY the name of the subject of the death record, date of death, place of death, and filing date. This information must match exactly what is on file with the Tuscola County Clerk's Office.**

FACTS TO BE VERIFIED – Must match exactly to what is on file with our office.

Decedent's Name: _____
First Middle Last

Decedent's Date of Death: _____
Month Day Year

Decedent's Place of Death: _____
County

Date of Filing – (Date the record was filed – Enter ONLY if you have a copy of the record)

Month

Day

Year

Verification (for Vital Records use ONLY)

_____ A Record has been found matching the exact information provided.

_____ A Record was NOT found matching the exact information provided.

_____, Tuscola County Deputy Clerk Date: _____

Payment of \$4.00 and a self addressed stamped envelope must be included with your request

**Please mail to: Tuscola County Clerk
440 North State Street
Caro, Michigan 48723**