City of Detroit, MI
Death Certificate Application

(LexisNexis VitalChek Network Inc. is in partnership with the Wayne County Clerk – Detroit Vitals Division to enable enhanced electronic processing of mail-in vital record applications.)

Please follow the instructions below when submitting your application.

Before completing your request, please note the following information:

- For Wayne County Michigan death certificates, please use the WAYNE COUNTY Death Certificate Application (http://vitalchek.com/Fax-Phone/MI_WAYNE_DEATH_Applications.pdf)
- THE WAYNE COUNTY CLERK-DETROIT VITALS DIVISION MAY, AT ANY TIME, REQUEST ADDITIONAL DOCUMENTATION TO HELP DETERMINE THE IDENTITY OR ELIGIBILITY OF THE APPLICANT.

SEND WITH COMPLETED APPLICATION

1. **For each individual certificate being requested**, the following information must be submitted:
   - A separate application form must be sent for each person's requested certificate.
   - Payment must be included for the total request, including a separate VitalChek Processing Fee for each individual application.
   - If you are submitting multiple applications at the same time, all with the same delivery address, you will only need to include payment for one (1) Delivery Method, not one for each individual application.

2. Please mail your completed application to:
   Vital Record Mail Services
   ATTN: Detroit Vital Statistics
   P.O. Box 222130
   El Paso, TX 79913-5130

   For expedited order placement and processing please visit www.VitalChek.com.

   Please don't include a pre-paid express mail envelope with your request. This will cause a delay in delivery. You must select a delivery method on the next page.

3. Please allow 5 - 7 business days for your application to be received prior to calling our customer service department with any questions about your application. We can be reached at 877-891-6594.

IDENTITY THEFT PROTECTION ACT 445.65(1) and 445.69(1) prohibit anyone from obtaining a vital record by misrepresenting a person's identity or attempting to use another person's identifying information. A person who violates this law is guilty of a felony punishable by imprisonment for up to 5 years or a fine of up to $25,000 or both.

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VitalChek
A LexisNexis® Risk Solutions Company

FOR VITALCHEK USE ONLY

Order # _____

NOTE: DO NOT USE THIS FORM FOR WAYNE COUNTY REQUESTS – please use the separate Wayne County Application.

STEP 1: CERTIFICATE INFORMATION

Full Name of Person at Time of Death (Certificate Holder)
first name | middle name | last name | suffix

Date of Death *(MM/DD/YYYY)*

City of Birth **Detroit**

Gender ☐ Male ☐ Female

Reason for Request

STEP 2: YOUR INFORMATION AND SHIPPING ADDRESS

Your Full Name (Applicant)
first name | middle name | last name | suffix

Your Street Address | **City** | **State** | **Zip Code**

Your Relationship to Person Named on Certificate | **E-mail Address** *(for communication & status updates)* | **Daytime Phone Number**

Name and Address to Send Certificate (if different than noted above)
first name | middle name | last name | suffix

Ship To Address | **City** | **State** | **Zip Code**

Your Signature (Applicant) | **Date of Application**

STEP 3: COST

Certificate Costs **TOTAL A = $_____**

- ☐ Certified copy (1st copy) = $24.00
- ☐ ___ Additional copies = $7.00 ea
- ☐ Death Search = $3.00 ea

VitalChek Processing & Handling *(non-refundable)*

TOTAL B = $ 8.00

Delivery Method * **TOTAL C = $_____***

- ☐ UPS Next Day Air = $19.75
- ☐ UPS Second Day Air = $16.00
- ☐ UPS Canada or Mexico = $24.00
- ☐ UPS Alaska, Hawaii, Puerto Rico = $23.00
- ☐ UPS Worldwide Expedited = $34.50
- ☐ U.S. Postal Service Regular Mail = $ 0.00

UPS will not deliver to a P.O. Box. Processing time may take 7-10 business days.

** If submitting multiple applications at one time, all with the same delivery address, only include payment for one (1) Delivery Method, not one for each application.*

TOTAL AMOUNT DUE (A+B+C) = $_____

STEP 4: PAYMENT INFORMATION

Select Payment Method: **DO NOT SEND CASH** *Submit separate payment for each application*

☐ **Credit Card** Credit Card # _____ Expiration Date _____ Cardholder Signature _____

*Charges will appear on your Credit Card statement as: DETROITMAILROOM*VCN*

☐ **Personal or Business Check** *If paying by personal or business check, please make payable to VITALCHEK.*

STEP 5: MAIL YOUR SIGNED AND COMPLETED FORM

Please mail your completed form, along with ID and additional documentation (if required) to:

Vital Record Mail Services
ATTN: Detroit Vital Statistics
P.O. Box 222130
El Paso, TX 79913-5130

Please don't include a pre-paid express mail envelope with your request. Select a delivery method above.

For expedited order placement and processing please visit www.VitalChek.com.