

REQUEST FOR CERTIFIED COPY CASS COUNTY DEATH OR MARRIAGE RECORD

MARRIAGE RECORDS

Maiden Name of Bride: _____

Name of Groom: _____

Date of Marriage: _____

DEATH RECORDS

Full Name of Deceased: _____

Date of Death (approximate if unknown): _____ Place of Death: _____

APPLICANT'S INFORMATION

Name: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

I sign this document stating that I am not using this certificate for fraudulent or deceptive purposes, Section 2894, Act 368, Public Acts 1978 as amended, being MC 333.2894.

Applicant's Signature: _____ Date: _____

FEES

Certified Copy of Death or Marriage Record is \$15.00
Additional Copies of the same record requested at the same time are \$5.00
if a record is not found we will return your check to you within 1-2 weeks

PAYMENT INFORMATION

We accept personal checks and money orders for payment. Please include a **SELF ADDRESSED STAMPED ENVELOPE** with your request.

Make checks/money orders payable to: **Cass County Clerk/Register**

Number of copies: _____ \$15

Additional Copies: _____ \$5 **Total Due: \$** _____

Monica Kennedy
Clerk/Register
120 N. Broadway Suite 123
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www.casscountymi.org