

LORI MOTT

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

Stacy B. Pechacek - Chief Deputy

	REQUEST FOR VERIFICA	ATION OF A CLARE COUNTY DEATH RECORD
APPLIC	CANT (PERSON REQUESTING VERIFICATION)	DATE: / /
००		Agency Name
type sarly bly		Applicants Name
Please type on print clearly & legibly		Mailing Address
P. ig		City/State/Zip
		Phone Number (required)
	APPLICANT'S SIGNATURE:	Must be signed in order to process
record place a addition	could be identified which matched the supplied facts and filing of the requested event. This information	ras identified which matched the supplied facts, or that notes. State law allows for verification of ONLY name, date, ion must match exactly what is on the record. Note ital Records Office. State law requires a \$10.00 fee for each
	FACTS TO BE VERIFIED	METHOD OF PAYMENT – Payment must be made in U.S. funds by money order payable to Clare County Clerk's
Name on	the Record (Must match exactly what is on record)	Office - see address above.
		Non-Refundable Amount To Be Enclosed \$10.00
First	Middle Last	
Date of Event (Must match exact date on record)		We cannot process your request without payment.
Month	Day Year	g V
Place	of Event	VERIFICATION STAMP (For Vital Records Official Stamp)
- 3	County	,
	· ·	Į.
	Filing (Date the record was filed – Enter ONLY if you opy of the record)	
		-
		-