



Office of the County Clerk
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clerk@isabellacounty.org

Joyce A. Swan, County Clerk
Shelly Nelson, Chief Deputy
Carol Anderson, Records Clerk
Kim Krchmar, Clerk
Sara Duffy, Court Clerk
Connie Bunker, Court Clerk
Joanne Hillier, Secretary

Request for Certificate of Death

Date _____

Name of deceased
time of death _____

First

Middle

Last

Date of Death _____

Place of Death _____
County State

Fee Schedule:

\$10.00 for the **First Copy**

\$ 3.00 for each additional copy of the same record.

Enclosed find \$ _____

for _____ Certified copy (Copies) of the Death certificate.

Please make check payable to **Isabella County Clerk**

Applicant Signature _____

Address to mail certificate(s)

City & State

Zip Code

Phone# _____