



***DEATH CERTIFICATE REQUEST***

Your Relationship to the Deceased:

Name of Decedent:

Date of Death:

Place of Death:

Birthplace of Decedent (city/state):

Your Name:

Address:

E-mail:

Phone Number: Home

Work/Cell:

Comments:

	Quantity	Price
1 Certified Death Certificate (\$15.00)	1	\$ 15.00
Each Additional Certificate (\$5.00)	_____	\$ _____
Total		\$ _____

**\*\*NOTE: THESE PRICES ARE ONLY VALID FOR DEATHS THAT OCCURRED IN KALAMAZOO COUNTY. \*\***

**\*\*FOR DEATHS OUTSIDE KALAMAZOO COUNTY, PLEASE CALL FOR COSTS.\*\***

Please include a check for the total amount payable to **Langeland Family Funeral Homes** and mail to:

Langeland Family Funeral Homes  
622 S. Burdick Street  
Kalamazoo, MI 49007

We will confirm your request by phone or e-mail. You may contact us at (269) 343-1508 or (800) 268-3884.