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## OAKLAND COUNTY – REQUEST FOR CERTIFIED COPIES

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Address: \_\_\_\_\_ City/State: \_\_\_\_\_

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Signature: \_\_\_\_\_

### **REQUESTED DEATH INFORMATION:**

Date of Death: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

### **REQUESTED MARRIAGE INFORMATION:**

Date of Marriage: \_\_\_\_\_

Groom's Name: \_\_\_\_\_

Bride's Name at Time of Application: \_\_\_\_\_