

NUMBER: _____

BIRTH OR DEATH CERTIFICATE REQUEST

Full Name : _____

Maiden/ Maiden _____

Address : _____

Birth date : _____ Date of Death : _____

Phone number: _____

Parent 1 Full Name : _____

Parent 2 Full Name : _____

RELATIONSHIP TO PERSON FOR WHOM YOU ARE REQUESTING CERTIFICATE (SELF, MOTHER, FATHER, ETC.....): _____

Number of copies requested: _____

County of Birth: _____ County of Death: _____

At the State Office, birth records are available from January 1919 to the present. The fee for searches of vital records has been established in accordance with GA Code Ann., 31-10 of the Official Code of Georgia. The \$25.00 fee includes a certified copy if the record is found on file. Each additional copy paid for at the same time is \$5.00

Pursuant to O.C.G.A. GA Code Ann., 31-10; Section 31: Any person who willfully or knowingly supplies false information on this form to be used for any purpose of deception with intent to defraud; willfully uses or attempts to use any certificate of birth or copy of any record of birth knowing that such certificate was issued upon a record which was false or which relates to the birth of another person may be fined not more than \$1,000 or imprisoned for not more than five (5) years, or both upon conviction.

SIGNATURE OF REQUESTOR: _____ DATE: _____

Georgia law and the Department of Public Health regulations require that all requests for vital records include the signature and picture ID of the requestor and the proper fee.