

# Georgia Death Certificate Request

Today's Date: \_\_\_\_\_

**1.** Name of person making request (as it appears on photo ID) \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

**2.** FORM OF ID – Please select one of these ACCEPTABLE forms of ID you plan to present below.  
If you do not have one of the following, State Law prohibits us from issuing a vital record to you.

<input type="checkbox"/> Drivers License	<input type="checkbox"/> Military ID	<input type="checkbox"/> Transportation Card w/photo
<input type="checkbox"/> Debit Card w/photo	<input type="checkbox"/> DMV ID Card	<input type="checkbox"/> Employer ID w/photo
<input type="checkbox"/> Naturalization Papers	<input type="checkbox"/> Passport	<input type="checkbox"/> School ID
		<input type="checkbox"/> State Issue Photo ID

**\*\* PLEASE WRITE THE ABOVE ID # HERE** 

**3.** Your relationship to the person on the vital record you are making a request for – Please SELECT one of the ACCEPTABLE forms of relationship (you may be asked to present additional proof based on the relationship level selected). If you do not fall under one of these categories, State Law prohibits us from issuing a vital record to you.

<input type="checkbox"/> <del>Registrant by proxy</del>	<input type="checkbox"/> Mother of registrant	<input type="checkbox"/> Adult child of registrant	<input type="checkbox"/> Adult sibling of registrant
<input type="checkbox"/> Father of registrant (name must be on cert.)	<input type="checkbox"/> Maternal Grandparent of registrant		
<input type="checkbox"/> Paternal Grandparent of registrant (father must be on cert.)	<input type="checkbox"/> Legal Guardian of registrant		
<input type="checkbox"/> Legal representative (must show connection to registrant or other participant whom request is for)			
<input type="checkbox"/> Spouse of registrant			

**4.** Number of Copies: Please circle the number of copies you would like:

1 @ \$25      2 @ \$30      3 @ \$35      4 @ \$40      5 @ \$45

**5.** Payment type (please circle one): Check      Cash      Cashier's Check      Money Order      Credit/Debit

\*\*\*Please note that State Law REQUIRES the SEARCH FEE to be collected up front, and is non-refundable. Please make sure the information you have provided is correct\*\*\*

**6.** Decedant's Full Name: \_\_\_\_\_  
Date of Death: \_\_\_\_\_ County of Death: \_\_\_\_\_, GEORGIA

**\*\* DO NOT WRITE BELOW THIS LINE- Official Court use only\*\***

Date Issued: \_\_\_\_\_ Issuing Clerk's Name: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_