Birth Certificate Request Form

ONLY for individuals **born** in the **State of Georgia**!

The \$25.00 search fee includes (1) certified copy if the record is found on file. \$5.00 for each additional copy ordered at the same time for the same person.

The \$25 Search Fee is "Non-Refundable

A photo ID must accompany this request.

Please print all information legibly and correctly below:

First Name	Midd	lle Name	Last Na	ame	
Sex	Date	Date of Birth		Place (County) of Birth	
	Section 2: Par	ent's Information	ı		
Mother's First Name	Middle Name	Maiden Name		Last Name	
Father's First Name	Middle Name		i i	Last Name	
rather strist Name					
Section 3: Y	Your Information (P	erson Requesting	Birth Certific	ate)	
Section 3: Y	Your Information (P	erson Requesting City		ate) Zip Code	
Section 3: Y First Street Addre	Your Information (P		Last Name	7	

Card

Money Order

Method of Payment: Cash