

Death Mail-in Request:

1. Complete **all** information below or your request will be returned.
2. Include the following with your request:
 - A photocopy of your ID
 - A money order or cashier's check made payable to Rockdale Probate Court
 - A phone number to reach you
3. **Mail your request certified if you would like to track your package.** The Probate Court is not responsible for any lost or unreceived requests.
4. Your request will be completed the day in which it is received, however, we cannot predict how long it will take to return to you through the mail.

Section 1: NAME ON DEATH CERTIFICATE

FIRST NAME		MIDDLE NAME	LAST NAME
SEX	DATE OF DEATH		

Section 2: INFORMATION OF PERSON REQUESTING DEATH CERTIFICATE (YOU)

FIRST NAME		LAST NAME		
STREET NAME ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
RELATIONSHIP TO PERSON NAMED ON BIRTH CERTIFICATE (IF OTHER THAN SELF)		SIGNATURE OF PERSON REQUESTING CERTIFICATE		

Total copies requested: _____

\$25 for one (1) copy and \$5 for each additional copy. This fee is non-refundable.

Rockdale County Probate Court
P.O. Box 289
Conyers, Georgia 30012