

# Death Certificate Request Form

**ONLY** for individuals who **passed** 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:

| Section 1: Your Information (Person Requesting Death Certificate) |      |  |          |
|---|------|--|----------|
| First Name  |      | Last Name                                  |          |
| Street Address  | City | State                                      | Zip Code |
| Phone Number  |      | Email (Optional)                           |          |
| Relationship to Person Named on Death Certificate                 |      | Signature of Person Requesting Certificate |          |

| Section 2: Name on Death Certificate |               |                         |
|--------------------------------------|---------------|-------------------------|
| First Name                           | Middle Name   | Last Name               |
| Sex                                  | Date of Death | Place (County) of Death |

**Number of Certificates Requested:** \_\_\_\_\_

**Method of Payment:**    Cash        Card        Money Order