***Request for Search of Death Records***

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. The search fee is non-refundable.

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| Example: 1 Certified Copy $25.00 +2 Additional Copies $10.00 $35.00  |

If this request is being mailed, please forward this completed form with a U.S. Postal Money Order or certified check for the correct amount made payable to the State Office of Vital Records. Please do not send cash by mail.

**PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.**

Enter total number of copies requested here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. LEGAL FIRST NAME OF DECEDENT | MIDDLE | LAST | LAST NAME AT BIRTH |
| 2. SEX Male Female | 3. DATE OF DEATH (MONTH, DAY, YEAR) | 4. AGE AT DEATH | 5. RACE |
| 6. PLACE OF DEATH (HOSPITAL, COUNTY, STATE) |

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| 7. FUNERAL HOME’S NAME |
| 8. PLACE OF DEATH (HOSPITAL, COUNTY, STATE) |

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| 9. LEGAL FIRST NAME OF SPOUSE | MIDDLE | LAST |

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| 10. NAME OF REQUESTER  |

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| 11. RELATIONSHIP TO DECEASED  |

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| 12. NAME OF REQUESTER  |
| 13. STREET NAME AND NUMBER/APARTMENT NUMBER |
| 14. CITY | 15. STATE | 16. ZIP CODE |
| 17. PHONE NUMBER | 18. E-MAIL ADDRESS |