



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.

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: _____

1. LEGAL FIRST NAME OF DECEDENT	MIDDLE	LAST	LAST NAME AT BIRTH
2. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. AGE AT DEATH	5. RACE
6. PLACE OF DEATH (HOSPITAL, COUNTY, STATE)			

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

9. LEGAL FIRST NAME OF SPOUSE	MIDDLE	LAST
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10. NAME OF REQUESTER

11. RELATIONSHIP TO DECEASED

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

PLEASE ADDRESS ALL CORRESPONDENCE TO THE ADDRESS BELOW.

STATE OFFICE OF VITAL RECORDS ♦ 2600 SKYLAND DR. N.E., ATLANTA, GA 30319 ♦ PHONE (404) 679-4702 ♦ DPH.GEORGIA.GOV/VITALRECORDS