



# Request for State of Georgia Official Immunization Record

## INSTRUCTIONS FOR COMPLETING THIS REQUEST

All immunization record requests must be accompanied by documents that identify the person requesting the immunization record. Examples of acceptable forms of identification: a state-issued photo driver's license with address, a state-issued photo identification card with address or a U.S. passport or passport card with photo. **Please lighten the copy of the identification cards.** If the record requested is for a minor under 18 years of age, please state your relationship to the minor in the "Requestor's Relationship" field.

Once this form is completed, send this form and supporting documents to GRITS via Email: [dph-immreg@dph.ga.gov](mailto:dph-immreg@dph.ga.gov).

**Please allow 3-5 business days for processing.**

## IMMUNIZATION RECORD REQUESTED FOR:

<b>Last Name &amp; Suffix if applicable (Jr, Sr, III, etc.)</b>	<b>First Name</b>	<b>Full Middle Name</b>	<b>Maiden Name (If applicable)</b>
<b>Date of Birth (Month/Day/Year)</b>		<b>Gender (Please Circle One)</b> Male                      Female	
<b>Mother's First Name</b>	<b>Last Name</b>	<b>Maiden Name</b>	

Counties in Georgia where immunizations were given (if known):

## REQUESTOR'S INFORMATION (PERSON REQUESTING RECORD)

<b>Requestor's Relationship:</b> (If person is under 18 years of age)	
<b>Current Mailing Address:</b>	
<b>Current Contact Phone Number:</b>	
<b>Email Address:</b>	
<b>If requestor is a social services agency or healthcare facility include supporting documentation such as: signed medical release; court orders; birth certificates; guardianship/custody; etc., as applicable. Registry information is confidential and will not be released to third parties without proper documentation.</b>	
<b>Requestor's Signature:</b>	<b>Date:</b>