

Georgia Department of Community Health
Vital Record
2600 Skyland Drive, NE
Atlanta, GA 30319
REQUEST FOR SEARCH OF DEATH RECORDS

The fee for searches of vital records has been established by the State Board of Human Resources as twenty-five dollars (\$25.00), in accordance with Section 31-10-27 of the Georgia Code. The \$25 fee includes a certified copy if the record is found. Each additional copy paid for at the same time is five dollars (\$5.00). Three years are searched.

PLEASE INDICATE BELOW THE NUMBERS OF COPIES NEEDED AND FORWARD THIS FORM WITH EITHER A MONEY ORDER OR CHECK FOR THE CORRECT AMOUNT MADE PAYABLE TO VITAL RECORDS.

Total Number of Copies Amount Received \$ _____

FILL IN INFORMATION BELOW CONCERNING PERSON WHOSE CERTIFICATE IS REQUESTED

Name _____ Date of Death _____
(First) (Middle) (Last)

Age _____ Race _____ Sex _____

Place of Death _____
(Hospital) (City) (County) (State)

If Married, Name of Husband or Wife _____

Occupation of Deceased _____

Funeral Director's Name _____

Name of Doctor _____

Place of Burial _____

ADDRESS CORRESPONDENCE TO: (MAILING LABEL)
Vital Records
2600 Skyland Drive, NE
Atlanta, GA 30319

PRINT YOUR NAME AND ADDRESS BELOW (legibly and correctly)

Name

Street Name/Number Apt. No.

City State Zip

Phone