



COURT ORDERED DELAYED CERTIFICATE OF BIRTH • FORM 3948 (REVISED 02/2018)

Please Note: There is a \$10.00 processing fee for this form. If this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the State Office of Vital Records. A valid copy of your Photo ID must accompany this request. Please do not send cash by mail.

Section 1: REQUIRED INFORMATION

In the Superior/Probate Court of _____ County, on the _____ day of _____ 20____ appeared _____, requesting that the facts be established in accordance with O.C.G.A.31-10-12. Case # _____

CHILD'S FULL NAME AT TIME OF BIRTH	
PLEASE INDICATE IF THE CHILD IS MALE OR FEMALE BY CHECKING THE CORRESPONDING BOX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
CHILD'S PLACE OF BIRTH (CITY, COUNTY, STATE)	DATE OF BIRTH (MONTH, DAY, YEAR)
FULL NAME OF MOTHER/PARENT 1 AT BIRTH	FULL NAME OF FATHER/PARENT 2
BIRTHPLACE OF MOTHER (CITY, COUNTY, STATE)	BIRTHPLACE OF FATHER (CITY, COUNTY, STATE)

The following evidence was presented before the court to support the above facts of the place and date of birth and the parentage of the registrant, to wit:

Section 2: SIGNATURES

Upon consideration of this evidence, it is adjudged, ordered and decreed that the Department of Public Health, Vital Records Office place on file this record of birth.

NAME OF JUDGE (PLEASE PRINT) & DATE OF ORDER	SIGNATURE OF JUDGE
DATE OF FILING	SIGNATURE OF STATE REGISTRAR

Please place seal below.