



**DELAYED CERTIFICATE OF BIRTH • FORM 3908 (REVISED 03/2018)**

At the State Office, birth records are available from January 1919 to present. A vital record, non-refundable search fee, has been established in accordance with GA Code Ann., 31-10 of the Official Code of Georgia in the amount of \$25.00. This fee includes a certified copy, if the record is found on file. In addition to the search fee, there is a delayed certificate processing fee of \$10.00. Each additional certificate, purchased at the same time, is \$5.00.

Example:	1 Processing Fee	\$10.00
	1 Search Fee	\$25.00
	+2 Additional Copies	\$10.00
		<u>\$45.00</u>

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.

GA Code Ann., 31-10-26 states that certified copies of birth certificates be issued only to registrants (i.e. the person whose birth certificate is being requested) or any applicant having a direct and tangible interest such as a parent, guardian, or legal representative.

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

CHILD/PARENT'S INFORMATION		
LOCAL FILE NUMBER		STATE FILE NUMBER
CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME
SEX OF CHILD	DATE OF BIRTH (MONTH, DAY, YEAR)	
CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH
MOTHER'S/PARENT 1 FIRST NAME AT BIRTH	MOTHER'S/PARENT 1 MIDDLE NAME AT BIRTH	MOTHER'S/PARENT 1 LAST NAME AT BIRTH
DATE OF BIRTH (MONTH, DAY, YEAR)		STATE OF BIRTH
FATHER/PARENT 2 FIRST NAME AT BIRTH	FATHER/PARENT 2 MIDDLE NAME AT BIRTH	FATHER/PARENT 2 LAST NAME AT BIRTH
DATE OF BIRTH (MONTH, DAY, YEAR)		STATE OF BIRTH
I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE & BELIEF. (SIGNATURE OF REGISTRANT OR PARENT)		PRESENT ADDRESS OF REGISTRANT (STREET, CITY, STATE, & ZIP CODE)
SIGNATURE OF NOTARY		SUBSCRIBED & SWORN TO BEFORE ME ON (MONTH, DAY, & YEAR)
IMPRESS SEAL HERE		MY COMMISSION EXPIRES (MONTH, DAY, & YEAR)

Please turn over to view the instructions on the back of this page.



**APPLICANT – DO NOT WRITE BELOW THIS LINE**

NAME & KIND OF DOCUMENTARY EVIDENCE (INCLUDE BY WHOM & DATE ISSUED)		DATE ORIGINAL DOCUMENT WAS MADE	
INFORMATION CONCERNING REGISTRANT AS STATED ON DOCUMENT OF CORRESPONDING DOCUMENT ABOVE			
DATE OF BIRTH OR AGE	BIRTHPLACE	NAME OF FATHER/PARENT 2	NAME OF MOTHER/PARENT 1
ADDITIONAL INFORMATION OR EXPLANATION			
I CERTIFY THAT AS AN OFFICIAL REPRESENTATIVE OF THE STATE REGISTRAR, I HAVE EXAMINED THE EVIDENCE & THE INFORMATION CONTAINED THEREIN AS INDICATED ABOVE. (SIGNATURE OF CERTIFIER)		DATE SIGNED (MONTH, DAY, & YEAR)	
SIGNATURE OF STATE REGISTRAR		DATE SIGNED (MONTH, DAY, & YEAR)	

**INSTRUCTIONS FOR COMPLETING THE DELAYED CERTIFICATE OF BIRTH**

PLEASE ADDRESS ALL CORRESPONDENCE TO THE ADDRESS BELOW.  
 STATE OFFICE OF VITAL RECORDS | 1680 PHOENIX BLVD. SUITE 100, ATLANTA, GA 30349 | PHONE 404.679.4702



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The top portion of the Delayed Certificate of Birth, must be completed by the registrant (or parent, or the legal representative). ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK OR BLUE-BLACK INK. The Delayed Certificate of Birth is a permanent record.

- Step 1. Complete the name of the person at the time of birth, sex, date of birth, city, town or location of birth, county of birth, mother’s full maiden name, mother’s date of birth, mother’s state of birth, father’s full name, father’s date of birth, and the father’s state of birth. NOTE: If the mother was not married at the time of this birth, no information concerning the father can be listed on the certificate.
Step 2. The registrant must sign the Delayed Certificate of Birth, in the presence of a notary public. The registrant must also enter the complete current address of the registrant. If the registrant is under 18 years of age, the parent or guardian must sign the certificate.
Step 3. The Delayed Certificate of Birth must be notarized in the Affidavit section. The notary shall sign his or her name, enter the date the information was ‘sworn and subscribed to,’ enter the date his or her notary commission expires and impress the notary seal in the space marked ‘IMPRESS SEAL HERE.’

NOTE: APPLICANTS OR THEIR REPRESENTATIVE DO NOT ENTER ANY INFORMATION BELOW THE SOLID LINE MARKED ‘APPLICANT – DO NOT WRITE BELOW THIS LINE.’

- Step 4. The applicant (or representative) must submit the required number of evidence which shows the information listed in the sworn portion of the form. Records submitted showing information different from information entered will not be accepted. The minimum facts which must be established will be the following:
(1) the full name of the registrant (person whose birth certificate is being filed);
(2) the date of birth;
(3) place of birth; (must show county or city and state)
(4) the full maiden name of the registrant’s mother, and;
(5) the full name of the registrant’s father unless the parents were not married at the time of conception, or anytime between conception and birth.

If the Delayed Certificate of Birth is being filed within seven years of the registrant’s birth, the certificate must be accompanied by at least two different types of evidence, both of which must be filed before the registrant’s third birthday and must have been created at least one year prior to the date of application. Delayed birth certificates being filed for persons within seven years of age and born in a hospital or institution, will require a statement from the hospital. At least one document must show the full date of birth and place of birth. The second document must show the father’s full name, the full maiden name of the mother, the place of birth and the date of birth or age of the registrant.

If the Delayed Certificate of Birth is being filed seven years or more after the registrant’s birth, the certificate must be accompanied by at least three different types of evidence. Each document submitted must have been filed at least ten years prior to the date of application to establish a Delayed Birth Certificate, or within three years of the date of birth. The full date of birth and the place of birth must be shown on at least two of the documents. The third document must show the father’s full name, the full maiden name of the mother and the date of birth or age of the registrant.

- Each document submitted must show the registrant’s name and date of birth, or age.
• All documents must show the date the original record was made and by whom.
• All evidence will be returned to the applicant upon review. Altered records or records which show incorrect information will not be accepted.

AFFIDAVITS OF PERSONAL KNOWLEDGE AND FAMILY BIBLE RECORDS ARE NOT ACCEPTABLE PIECES OF SUPPORTING EVIDENCE TO ESTABLISH BIRTH FACTS. (Provided by Vital Records Rules and Regulations Chapter 290-1-3.).

ABBREVIATED RECORDS REQUIREMENT CHART

This chart is for establishing a Delayed Certificate of Birth ONLY:

Table with 3 columns: Age of Child, Required Number of Records, Required Age of Record. Rows include: 13 years or older (3 records, 10 year old record), Over 7 years - 12 years (3 records, 3 yrs after birth), 4 years - 7 years (2 records, 3 yrs after birth), Over One year - 3 years (2 records, 1 year old record).



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\*In all cases the evidence must have been created at least one year prior to the date of application. Birth records filed for a child up to one (1) year of age must be filed at the county level.

### EVIDENCE REQUIREMENTS FOR ESTABLISHING BIRTH FACTS

All records submitted must verify the facts claimed and must be submitted in either of the following forms:

1. A statement on letterhead stationery of the official and signed by the official who has custody of the record. The statement must show the name and address of the company, agency, or institution where the record is filed. It must show the name of the person for whom the birth certificate is to be filed, the date of birth or age, place of birth and/or parents' names.
2. A copy of a record which is certified to be a true copy by the official having custody of the original record. The record must show the name and address of the company, agency, or institution where the record is filed. **UNCERTIFIED COPIES OF DOCUMENTS ARE NOT ACCEPTABLE.**

**NOTE:** Social Security Administration will issue copies of records which will not contain a certification statement. Their copies are usually acceptable without a certification statement.

### SUGGESTED EVIDENCE

<input type="checkbox"/>	Hospital Record	Obtain a statement from medical records department.
<input type="checkbox"/>	School Record	Obtain from the school attended or from the county administration office. High School diplomas are not acceptable since they do not show any facts of birth.
<input type="checkbox"/>	Social Security	Obtain a copy of the application when you applied for a social security card. Your card does not show any facts of birth.
<input type="checkbox"/>	Employment Record	Obtain a statement from the personnel office of employer.
<input type="checkbox"/>	Driver's License	Obtain a statement from the Public Safety Department which shows information recorded when you applied for a driver's license. Your current Georgia driver's license will not be old enough.
<input type="checkbox"/>	Your Own Marriage	Obtain a certified copy of the license and <u>application</u> record.
<input type="checkbox"/>	Your Child's Birth	Obtain birth certificate from the Vital Records office in the state of birth. Certificate must be certified and list your correct age at the time of the child's birth.
<input type="checkbox"/>	Voter Registration	Obtain a copy of the application or statement from the Voter Registration Office where you registered to vote. Your card will not show any birth facts.
<input type="checkbox"/>	Military Record	Military Discharge, Form DD214, usually in your possession.
<input type="checkbox"/>	Doctor Statement	Obtain a statement from your physician.
<input type="checkbox"/>	Insurance Record	Obtain a statement from the home office or agent from the company when you applied for insurance. Usually the policy will only contain your age at the time of issuance.
<input type="checkbox"/>	Health Department Record	Obtain from the health department where treatment or shots were received.

**TO DETERMINE THE AGE YOUR SUGGESTED EVIDENCE SHOULD BE, PLEASE SEE STEP 4 OF THE INSTRUCTIONS FOR COMPLETING THE DELAYED CERTIFICATE OF BIRTH FORM.**

**PLEASE READ ALL INSTRUCTIONS TO PREVENT FURTHER DELAY IN ESTABLISHING A DELAYED BIRTH CERTIFICATE.**