

Georgia Department of Public Health State Office of Vital Records

Under Georgia Law, Vital Records are restricted documents and can only be requested by individuals who are eligible to receive them (eligibility requirements are described in detail on the appropriate application forms). To protect against Identity Theft, we require the following documentation be presented with the application:

At least one of the following Photo IDs:

- Georgia Driver's license unexpired or expired for not more than one year
- State of Georgia Identification Card unexpired or expired for not more than one year
- Unexpired driver's license issued by another U.S. State, jurisdiction or territory
- Unexpired official Identification Card issued by another U.S. State, jurisdiction or territory
- Unexpired U.S. Passport
- Unexpired Foreign Passport
- U.S. Military Identification, Military Dependent Identification, Veteran's Identification
- Unexpired Consulate Card
- Transportation ID
- Voter's Registration Card
- Debit Card with Photo ID
- Employer ID Card
- School, University, or College Identification Card
- DMV ID Card
- Department of Corrections Identification Card

VITAL RECORDS REQUEST FOR SEARCH FORM

PHOTO IDENTIFICATION IS REQUIRED – PRESENT PICTURE I.D. WITH APPLICATION

COST:

BIRTH / DEATH CERTIFICATES: \$25.00 FOR ONE CERTIFIED COPY - \$5 FOR EACH ADDITIONAL COPY REQUESTED AT THE SAME TIME FOR THE SAME RECORD

MARRIAGE LICENSE: \$10 PER COPY

REQUESTOR INFORMATION (Person applying for the certificate)

Requestor: _____
First Name Middle Name Last Name Suffix

Requestor: _____
Address State City Zip

Requestor: _____
Email Address Phone Number

TYPE OF REQUEST: (Circle) BIRTH DEATH MARRIAGE

Relationship to registrant: _____
(Example: Self, Mother, Father, Brother, Sister, Grandparent, or Legal Guardian)

REGISTRANT INFORMATION (Fill in below concerning the person whose certificate is requested)

Full Name of Registrant: _____
First Name Middle Name Last Name

Date of Birth / Death / Marriage: _____

A fine of not more than \$10,000.00 or imprisonment of not more than five years, or both, shall be imposed on any person who willfully and knowingly makes any false statement in an application for a vital record.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Photo I.D. Type: _____ Photo I.D. Information: _____

Number of Copies: _____ Total Amount: _____

PAYMENT TYPE: (Circle) CASH CHECK / M.O. CREDIT/DEBIT

CHECK #: _____ CHECK DATE: _____

Serial #: _____

Receipt #: _____ Clerk Signature: _____