

DeKalb Public Health
DEATH CERTIFICATE REQUEST

*The fee for a search of Vital Records has been established by the State Board of Health as twenty-five dollars (\$25.00) effective in this county as of July 1, 2010, in accordance with Section 31-10-27 of the Georgia Health Code. The search fee includes a certified copy of the record, if found. Additional full copies issued at the same time, on the same certificate, are five dollars (\$5.00) each. No personal checks accepted. **All fees are non-refundable.***

Print legibly and correctly.
YOUR INFORMATION

Your name _____

Your address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Relationship to subject _____ **Present ID to clerk**

DEATH CERTIFICATE REQUEST

Subject's full name _____

Date of death _____

Place of death _____

Reason for request _____

Number of copies 1 2 3 4 5 Otro _____

Each search is \$25 and includes one copy, if found.

Additional copies at the time of the search are \$5 each.

NO PERSONAL CHECKS. FEES ARE NON-REFUNDABLE.

Office Use: _____ Certificate No. _____

ID type/name/number _____

Search + no copy found \$25.00 Add'l copies @ \$5 each _____

Search + 1 full copy \$25.00 VA copy _____

PAYMENT Cash _____ Credit/Debit _____ Other _____

Received by _____

Receipt No. _____