

DATE OF REQUEST: _____

REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE

Pursuant to OCGA 31-10-26 & DHR Regulation 290-1-3-.33(2)(a) Certified copies of a death certificate **CONTAINING THE CAUSE OF DEATH** may be issued **ONLY** to: the decedent's spouse, decedent's **adult** children, decedent's parents, or other **next-of-kin** of the decedent, or their respective legal representatives.

NAME ON RECORD: _____

DATE OF DEATH: _____ **SEX:** _____

DAYTIME PHONE NUMBER: _____

COUNTY WHERE DEATH **ACTUALLY OCCURRED:** _____

DECEDENT'S COUNTY OF RESIDENCE AT TIME OF DEATH: _____

REQUESTED BY: _____
(SIGNATURE OF PERSON MAKING REQUEST)

PRINTED NAME: _____
(PRINT NAME OF PERSON MAKING REQUEST)

RELATIONSHIP TO DECEDENT: _____
(SPOUSE, SON, DAUGHTER, MOTHER, FATHER, BROTHER, SISTER, ETC)

I.D. PROVIDED: _____
(ONLY APPLICABLE FOR COPIES INCLUDING CAUSE OF DEATH INFORMATION)

***CERTIFIED COPIES ARE \$25.00 FOR THE 1ST COPY ISSUED AND \$5.00 FOR EACH ADDITIONAL COPY WHEN REQUESTED AT THE SAME TIME**

1ST COPY: _____ # OF ADDITIONAL COPIES: _____ AMOUNT PAID: _____

OFFICE USE ONLY

REQUEST TAKEN BY: _____

DOCUMENT(S): ISSUED UPON REQUEST _____ MAILED _____ CALLED FOR PICK-UP _____ OTHER _____

OTHER ACTION TAKEN: _____
(MISSING STATE FILE #, NOT ON FILE IN OFFICE, ORDERED FROM STATE, NO IMAGE ON SERVER)

STATE FILE NUMBER(ONLY IF IMAGE IS NOT ON SERVER): _____