



**Kathleen E. Toomey, M.D., M.P.H.**  
**District Health Director**  
**District 3.2**

Fulton County Board of Health, Vital Records, is able to print and issue death records as early as 1889 to the present. The \$25.00 search fee for a search of vital records has been established in accordance with GA Code Ann., 31-10 of the Official Code of Georgia. The \$25.00 fee includes a certified copy if the record is found on file. Each additional copy of the same record requested and paid for at the same time is \$5.00 each. The search fee is non-refundable.

Example:	1 Certified Copy	\$25.00
	+2 Additional Copies	\$10.00
		\$35.00

Certified death certificates are available to applicants having a direct and tangible interest, primary family members, or legal representatives of the family. Georgia law and the Department of Public Health regulations require that all requests for vital records include the signature and picture ID of the requestor and the proper fee.

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 Fulton County Board of Health. **A valid copy of your Photo ID must accompany this request.** Please do not send cash by mail.

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

Enter total number of copies requested here: \_\_\_\_\_ Total Amount Due: \_\_\_\_\_

**REGISTRANT'S INFORMATION**

LEGAL FIRST NAME		MIDDLE NAME		LAST NAME AT BIRTH	
SEX	DATE OF DEATH (MONTH, DAY, YEAR)	COUNTY OF DEATH	AGE	RACE/ETHNICITY	

**PARENTS' INFORMATION**

To ensure that we have the correct decedent that you are requesting, please type or print any information you have regarding the parent(s) of the decedent.

LEGAL FIRST NAME OF MOTHER/PARENT 1	LAST NAME	MAIDEN NAME(IF APPLICABLE)
LEGAL FIRST NAME OF FATHER/PARENT 2	LAST NAME	SUFFIX(IF APPLICABLE)

**REQUESTER'S INFORMATION**

FIRST NAME		MIDDLE NAME		LAST NAME	
STREET NAME AND No/APARTMENT No	CITY	STATE	ZIP CODE		
PHONE NUMBER		E-MAIL ADDRESS			
RELATIONSHIP		SIGNATURE OF REQUESTER			

**Pursuant to O.C.G.A. GA Code Ann., 31-10; Section 31:** Any person who willfully or knowingly supplies false information on this form to be used for any purpose of deception with intent to defraud; willfully uses or attempts to use any certificate of a vital record knowing that such certificate was issued upon a record which was false or which relates to another person may be fined not more than \$1,000 or imprisoned for not more than five (5) years, or both upon conviction.

To obtain the certificate, a photocopy of your valid photo ID, such as one of the following, must be provided:

- 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
- State of Georgia Weapons Carry License - New
- 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
- Debit Card with Picture
- Employer ID Card
- School, University, or College Identification Card
- DMV ID Card
- Department of Corrections Identification Card

However, as explained below, there are instances in which specific documentation is required based on who is requesting the record.

- The person named on the certificate- If the person named on the certificate (i.e. the registrant) is the requestor, that person must provide valid photo identification at the time of the request. (*N/A to death certificates*)
- The parent(s) named on the birth record- Must provide valid picture identification.
- An authorized legal guardian or agent- Any person who has legal custody or control of a minor child must provide a certified copy of the court order establishing guardianship and legal custody.
- Grandparents of the person named on the certificate- Must provide proof of relationship such as the birth certificate of the registrant's parent.
- An adult child or adult sibling of the person named on the certificate- Must provide proof of relationship by providing a copy of his or her birth certificate listing one of the same parents, along with his or her valid government issued picture identification which includes signature.
- The spouse of the person named on the certificate- Must provide a copy of the marriage certificate, a photo copy of the spouse's picture identification, which includes the spouse's signature, with a notarized letter from the spouse giving permission.
- Attorney- Must represent an immediate family member and provide a notarized letter on letterhead signed by the attorney; provide bar number indicating reason for the request and whom they represent; provide supporting documentation with the fee; provide a notarized release from the biological mother, in the event of an adoption.
- State or Federal Government Officials- The State Registrar or the local custodian may disclose data from Vital Records to authorized representatives of Federal, State, or County agencies of government which request such data in the conduct of their official duties.