



S. Elizabeth Ford, M.D., M.B.A.  
 Interim District Health Director, District 3-2  
 Fulton County Board of Health

Fulton County Board of Health, Vital Records office is able to print and issue birth records, some as early as 1896, 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	<u>\$10.00</u>
		\$35.00

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.

GA Code Ann., 31-10-26 provides 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.**

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

**Section 1: REGISTRANT'S INFORMATION**

LEGAL FIRST NAME		MIDDLE NAME		LAST NAME AT BIRTH	
SEX	DOB (MONTH, DAY, YEAR)	PLACE OF BIRTH	AGE	RACE/ETHNICITY	

**Section 2: PARENTS' INFORMATION**

Please type or print the full legal name of the mother/parent 1 on the first row and father/parent 2 on the second row.

LEGAL FIRST NAME OF MOTHER/PARENT 1	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
LEGAL FIRST NAME OF FATHER/PARENT 2	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH

**Section 3: 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 (IF OTHER THAN SELF)			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 birth or copy of any record of birth knowing that such certificate was issued upon a record which was false or which relates to the birth of another person may be fined not more than \$1,000 or imprisoned for not more than five (5) years, or both upon conviction.

**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.**

Typically, the person requesting a certified copy of a birth record needs only to provide:

1. A completed and signed request form which can be downloaded by clicking [here](#).
2. Provide the applicable fee(s) noted below
3. A photocopy of your valid photo ID such as one of the following:
  - 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.
- 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.