

Please bring a valid photo ID along with this form with either cash or money order for the correct amount, made payable to Franklin County Probate Court. If you wish to request a record by mail, please visit the State of Georgia Vital Records Website at <http://dph.georgia.gov/VitalRecords>.

- Full size copy \$25.00
Additional copies
\$5.00 each at this time
- Total number of copies
Requested
- Amount Received
\$ _____
- Photocopy of valid photo ID

BIRTH CERTIFICATE REQUESTS

FILL IN INFORMATION BELOW CONCERNING PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED

Name at birth: _____
(first) (middle) (last)

Date of birth: _____ Age: _____ Race: _____ Sex: _____

Place of birth: _____
(hospital) (city) (county) (state)

Full name of father: _____

Full name of mother before marriage: _____

DEATH CERTIFICATE REQUESTS

FILL IN INFORMATION BELOW CONCERNING DECEDENT

Name: _____

Date of death: _____ Age: _____ Race: _____ Sex: _____

Place of death: _____
(hospital) (city) (county) (state)

If married, name of husband or wife: _____

Occupation of deceased: _____

Funeral director's name: _____

Name of doctor: _____

Place of burial: _____
(city) (county) (state)