



REQUEST FOR SEARCH OF DEATH • FORM 3912 (REVISED 11/2016)

The fee for searches 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 paid for at the same time is \$5.00. The search fee is non-refundable.

Example:	1 Certified Copy	\$25.00
	+2 Additional Copies	\$10.00
		\$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 State Office of Vital Records. **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: _____

Section 1: DECEDENT'S INFORMATION

LEGAL FIRST NAME OF DECEDENT	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH	
SEX	DOD (MONTH, DAY, YEAR)	PLACE OF DEATH (HOSPITAL, COUNTY, STATE)	AGE AT DEATH	RACE/ETHNICITY
NAME OF FUNERAL HOME				

Section 2: 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 TO DECEDENT		SIGNATURE OF REQUESTER		