Georgia Department of Public Health
West Central Health District
Harris County

Application for Death Certificate

COPY OF VALID PHOTO ID REQUIRED

PAYMENT BY MONEY ORDER ONLY

Total certified copies requested _____
First Copy $25.00
Each Additional Copy $5.00

Full Name of Deceased: _____

Date of Death: _____
(Month) **(Day)** **(Year)**

Place of Death: _____
(City) **(State)** **(County)**

The above fees have been established in accordance with Chapter 31-10 of the Official Code of Georgia. Pursuant to O.C.G.A. Chapter 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 death or copy of any record, knowing that such certificate was issued upon a record which was false or which relates to the birth or death of another person may be fined not more than $10,000 or imprisonment for not more than five (5) years, or both, upon conviction.

►SIGNATURE OF REQUESTER: _____

Relationship to Deceased: _____

Mail to:

Name: _____ Relationship: _____

Address: _____

_____

_____

PHONE: _____

MAIL FORM TO:
Harris County Health Dept.
Vital Records
210 Forest Hill Drive
Hamilton, Georgia 31811