Georgia Department of Public Health
Columbus Health Department
Vital Records - Birth Certificates

APPLICATION FOR BIRTH CERTIFICATE

Questions? Call 706-321-6130
or visit www.columbushealth.com

****VALID PHOTO ID REQUIRED****
FOR PERSON REQUESTING CERTIFICATE
AND CREDIT CARD HOLDER, IF DIFFERENT
COPY OF ID MUST ACCOMPANY MAIL/FAX REQUESTS

Full Name:_____
First Middle Last (as shown on Certificate)

Date of Birth: _____ Current Age: _____ Sex: M F
Month Day Year

Place of Birth:_____
Hospital City State County

Full Name of Mother/Parent: _____
First Middle Maiden

Birthplace of Mother/Parent: _____Date of Birth:_____
City State

Full Name of Father/Parent: _____
First Middle Last

Birthplace of Father/Parent: _____Date of Birth:_____
City State

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.

Printed Name of Person Requesting Certificate

_____

Mailing
Address:_____

_____

Relationship: _____Phone:_____

▶SIGNATURE_____

Payment for mail requests are by Debit/credit, money order, or cashier's check.
Mail to: Columbus Health Dept. Vital Records
P.O. Box 2299
Columbus, GA 31902-2299
Payment for fax requests are by Debit/Credit Card ONLY.
Fax to: 706-321-6135

*****Fees are Non-Refundable*****

First Copy $25.00
Each Additional Copy $5.00

Total Copies Requested_____

CREDIT CARD INFORMATION:
Card Number:

_____
Name as it appears on card:

_____
Expiration Date: _____
Three Digit Security Code (on back):_____

FOR OFFICE USE ONLY:

Type of ID Verified _____Total Fee Rec'd _____Employee's Initials_____
Visa _____MC _____Disc _____AMEX _____Debit _____Cash _____MO_____ CC_____