



APPLICATION FOR DEATH CERTIFICATE

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

Questions? Call 706-628-5037
or visit

www.westcentralhealthdistrict.com

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

Date of Death: _____
Month Day Year

Place of Death: _____
Hospital 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.

Printed Name of Person Requesting Certificate

Mailing Address: _____

Relationship: _____ Phone: _____

► SIGNATURE _____

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

First Copy \$25.00
Each Additional Copy \$5.00

Total Copies Requested _____

Payment for mail requests are by Debit/credit, money order, or cashier's check.

Mail to: Harris County Health Dept. Vital Records
P.O. Box 265
Hamilton, GA 31811

Payment for fax requests are by Debit/Credit Card ONLY.
Fax to: 706-628-7196

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 _____