



# APPLICATION FOR BIRTH 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 706-321-6130  
or visit

[www.westcentralhealthdistrict.com](http://www.westcentralhealthdistrict.com)

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**

**FOR OFFICE USE ONLY:**

Type of ID Verified _____	Total Fee Rec'd _____	Employee's Initials _____
Visa _____ MC _____ Disc _____ AMEX _____ Debit _____	Cash _____ MO _____	CC _____

**\*\*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):** \_\_\_\_\_