



# APPLICATION FOR DEATH CERTIFICATE

Questions? Call 706-321-6130  
or visit [www.columbushealth.com](http://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 of Deceased: \_\_\_\_\_  
First Middle Last (as shown on Certificate)

Date of Death: \_\_\_\_\_ Funeral Home: \_\_\_\_\_  
Month Day Year

Place of Death: \_\_\_\_\_  
Hospital City State County

Date of Birth: \_\_\_\_\_ Age at Death: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Full Name of Mother/Parent: \_\_\_\_\_  
First Middle Last

Full Name of Father/Parent: \_\_\_\_\_  
First Middle Last

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- If born outside Georgia, certified birth certificate must be presented to verify relationship.

\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*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: 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 _____

**CREDIT CARD INFORMATION: Shred this section before filing**

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Three Digit Security Code (on back): \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_