GEORGIA DEPARTMENT OF PUBLIC HEALTH
West Central Health District
Columbus Health Department

Questions? Call 833-337-1749
or visit www.columbushealth.com

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

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

CREDIT CARD INFORMATION
Card Number:

_____Exp Date: _____Three Digit Security Code (on back):_____

Name as it appears on card:_____

FOR OFFICE USE ONLY:

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