



GEORGIA DEPARTMENT OF PUBLIC HEALTH

West Central Health District  
Harris County

Questions? Call 833-337-1749  
or visit

[www.westcentralhealthdistrict.com](http://www.westcentralhealthdistrict.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: Harris County Health Department  
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: \_\_\_\_\_ 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 \_\_\_\_\_