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

# APPLICATION FOR BIRTH CERTIFICATE

***Questions? Call 833-337-1749***
***or visit [www.westcentralhealthdistrict.com](http://www.westcentralhealthdistrict.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:_____
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- If born outside Georgia, certified birth certificate must be presented to verify relationship.

Mailing Address:_____

_____

Relationship: _____Phone:_____

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

***First Copy $25.00 Each Additional Copy $5.00***

***Total Copies Ordered _____***

***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 ONLY.***
***Fax to: 706-321-6135***

All orders are mailed directly from our office by USPS. A tracked mailing option **via UPS is offered for an additional charge.** Mail delivery is the responsibility of the post office or UPS. Once your order leaves our office via your selected mailing option, we are not responsible for its delivery to you. If you do not receive your order, you will be responsible for the cost of replacing the certificate(s) and additional mailing costs.

***Please check one*:** _____UPS Ground-Add $15.00 _____ USPS Mail- No extra charge

▶Signature_____ Date_____

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**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_____