



GEORGIA DEPARTMENT OF PUBLIC HEALTH

West Central Health District
Columbus Health Department

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

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

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.

****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 Department Vital Records
P.O. Box 2299
Columbus, Georgia 31902-2299
Payment for fax requests are by debit/credit ONLY.
Fax to: 706-321-6135

Printed Name of Person Requesting Certificate- If born outside Georgia, certified birth certificate must be presented to verify relationship.

Mailing Address: _____

Relationship: _____ Phone: _____

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 _____

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 _____