



# 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](http://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: Sumter County Health Department Vital Records**  
**1601 N MLK Jr Blvd #100**  
**Americus, Georgia 31719**  
**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 _____