

REQUEST FOR A CERTIFIED COPY OF A VITAL RECORD
ONLY COPIES OF VITAL RECORDS REGISTERED IN GEORGIA ARE AVAILABLE. A separate form must be completed for each type of vital record and for each person for whom a certified copy of a vital record is requested.

To: Vital Records Branch
DHR 2600 Skyland Drive N.E.
Atlanta, Georgia 30319-3640

From: Warden/Superintendent _____

(Warden/Superintendent's name and mail address entered in this space)

Inmate _____ **EF** _____

I am requesting a certified copy of a **BIRTH DEATH MARRIAGE**
certificate

(CIRCLE ONLY ONE TYPE OF CERTIFICATE)

Total number of copies requested _____

in the name of _____ **SEX** _____ **RACE** _____

DATE the birth, death or marriage occurred _____

Month Day Year

COUNTY where the birth, death or marriage occurred _____

RELATIONSHIP to person named on the certificate _____

For Birth Certificate Search ONLY – Parent's Names:

Mother's Maiden Name: _____

Father's Name: _____

The following circumstance (s) exist which necessitates that a copy of a vital record as indicated above be issued:

Inmate's Signature Date Signed

I hereby authenticate this request for the above record

Counselor's Signature Date Signed Approved Disapproved (circle one)

Warden/Superintendent's Signature Date Signed Approved Disapproved (circle one)

Total **FEE** enclosed: \$ _____ (\$10.00 for the first copy. \$5.00 each for additional copies of the same certificate ordered at the same time.)

Business Office Signature Date Signed