REQUEST FOR SEARCH OF GEORGIA ONLY DEATH CERTIFICATE

Please complete form before entering.

Acceptable forms of payment: Debit/Credit Card (fees apply) or money order

The search fee for vital records has been established in accordance with GA Code Ann., 31-10 of the Official Code of Georgia. The $25.00 fee includes a 3-year search and a certified copy if the record is found on file. Each additional copy paid for at the same time is $5.00. The search fee is non-refundable.

Example:	1 Certified Copy	$25.00
	+2 Additional Copies	$10.00
		$35.00

If this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the Fayette County Probate Court. **A valid copy of your Photo ID must accompany this request**. Please do not send cash by mail.

Check the box that applies:

☐ **Did this death occur in the State of Georgia?**

☐ **Did this death occur during or after 1919?**

If both boxes are not checked, please refer to the state or the county of the death. (Note: After a search is completed, the $25 fee is non-refundable).

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Enter total number of copies requested here: _____Total Amount Due: _____

Section 1: DECEDENT'S INFORMATION

LEGAL FIRST NAME OF DECEDENT	MIDDLE NAME	LAST NAME	LAST NAME AT BIRTH
SEX	Date of Death (MONTH, DAY, YEAR)	AGE AT DEATH	RACE/ETHNICITY
NAME OF FUNERAL HOME			
PLACE OF DEATH (HOSPITAL, COUNTY, STATE)			
WILL THIS CERTIFICATE BE USED TO APPLY FOR A BENEFIT WITH THE U.S. DEPARTMENT OF VETERANS AFFAIRS, OR FOR USE BY ANY VETERANS ORGANIZATION?			

Section 2: ADDITIONAL DECEDENT INFORMATION TO ASSIST WITH VERIFICATION

DATE OF BIRTH	SOCIAL SECURITY NUMBER
ALIAS (ALSO KNOW AS):	DECEDENT'S PARENTS:

Section 3: REQUESTER'S INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	
STREET NAME AND No/APARTMENT No	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		
RELATIONSHIP TO DECEDENT (PARENT, SPOUSE, ADULT CHILD, SIBLING, GRANDPARENT, AUTHORIZED GUARDIAN/AGENT, ATTORNEY, OR GRANTEE BENEFICIARY).			
SIGNATURE OF REQUESTER			

PLEASE ADDRESS ALL CORRESPONDENCE TO THE ADDRESS BELOW.

FAYETTE COUNTY PROBATE COURT | LOCAL CUSTODIAN AND REGISTRAR OF VITAL RECORDS

1 CENTER DRIVE, FAYETTEVILLE, GA 30214 | PHONE 770-716-4220

REQUEST FOR SEARCH OF GEORGIA ONLY DEATH CERTIFICATE

Please complete form before entering.

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Georgia law and the Department of Public Health regulations require that all requests for vital records include the signature and picture ID of the requestor and the proper fee.

Typically, the person requesting a certified copy of a death record need only provide:

1. A completed and signed request form

2. Provide the applicable fee(s) noted below

3. A photocopy of your valid photo ID such as one of the following:

- Georgia Driver's license unexpired or expired for not more than one year
- State of Georgia Identification Card unexpired or expired for not more than one year
- Unexpired State of Georgia Weapons Carry License with photo
- Unexpired driver's license issued by another U.S. State, jurisdiction or territory
- Unexpired official Identification Card issued by another U.S. State, jurisdiction or territory
- Unexpired U.S. Passport
- Unexpired Foreign Passport
- Unexpired U.S. Military Identification, Military Dependent Identification, Veteran's Identification
- Unexpired Consulate Card
- Unexpired Transportation Worker Identification Credential (TWIC)
- Current School, University, or College Identification Card unexpired with ID number and signature
- Department of Driver Services (DDS) Identification Card issued by another U.S. State, jurisdiction or territory unexpired or expired for not more than one year
- Department of Corrections Identification Card expired for not more than one year

However, as explained below, there are instances in which specific documentation is required based on who is requesting the record.

- The parent(s) named on the birth record- Must provide valid picture identification.
- An authorized legal guardian or agent- Any person who has legal custody or control of a minor child must provide a certified copy of the court order establishing guardianship and legal custody.
- Grandparents of the person named on the certificate- Must provide proof of relationship such as the birth certificate of the registrant's parent.
- An adult child or adult sibling of the person named on the certificate- Must provide proof of relationship by providing a copy of his or her birth certificate listing one of the same parents, along with his or her valid government issued picture identification which includes signature.
- The spouse of the person named on the certificate- Must provide a certified copy of the marriage certificate.
- Attorney-Must represent an immediate family member and provide a notarized letter on letterhead signed by the attorney; provide bar number indicating reason for the request and whom they represent; provide supporting documentation with the fee.
- State or Federal Government Officials-The State Registrar or the local custodian may disclose data from Vital Records to authorized representatives of Federal, State, or County agencies of government which request such data in the conduct of their official duties.
- Grantee Beneficiary-Must provide a copy of the recorded transfer-on-death deed designating the requester as a beneficiary, **recorded** with the clerk of superior court in the county where the property is located, in accordance with O.C.G.A. § 44-17-2.

PLEASE ADDRESS ALL CORRESPONDENCE TO THE ADDRESS BELOW.
FAYETTE COUNTY PROBATE COURT | LOCAL CUSTODIAN AND REGISTRAR OF VITAL RECORDS
1 CENTER DRIVE, FAYETTEVILLE, GA 30214 | PHONE 770-716-4220