

PLEASE RETURN THIS FORM TO: VITAL RECORDS, 2600 SKYLAND DRIVE, NE, ATLANTA, GA 30319-3640

Please indicate below the type and number of copies requested and forward this form with either a money order or certified check for the correct amount, made payable to Vital Records.

Full size copy \$10.00
Additional copies
\$5.00 each at this time

Total number of copies
Requested

Amount Received
\$ _____

BIRTH CERTIFICATE REQUESTS

FILL IN INFORMATION BELOW CONCERNING PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED

Name at birth: _____
(first) (middle) (last)

Date of birth: _____ Age: _____ Race: _____ Sex: _____

Place of birth: _____
(hospital) (city) (county) (state)

Full name of father: _____

Full name of mother before marriage: _____

DEATH CERTIFICATE REQUESTS

FILL IN INFORMATION BELOW CONCERNING DECEDENT

Name: _____

Date of death: _____ Age: _____ Race: _____ Sex: _____

Place of death: _____
(hospital) (city) (county) (state)

If married, name of husband or wife: _____

Occupation of deceased: _____

Funeral director's name: _____

Name of doctor: _____

Place of burial: _____
(city) (county) (state)

MAILING ADDRESS

List below the name and address of the person to whom the certificate is to be mailed and indicate their relationship to the person whose name is on the certificate:

Name: _____ Relationship: _____

Address: _____
(No. & Street or RFD and Box No.) (Apt. No.)

_____ (city) (state) (zip code)

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MARRIAGE CERTIFICATE REQUESTS

Please indicate below the type and number of copies requested and forward this form with either a money order or certified check for the correct amount, made payable to Vital Records.

[] Full size copy \$10.00; additional copies are \$5.00 each at this time [] Total Number of Copies Requested

NOTE: Records prior to June 9, 1952 must be requested at the Office of the Probate Judge in the county where the license was issued. If you are requesting a marriage certificate prior to this date, complete this application and mail it to the county's Probate Court's office in which the marriage was granted. Contact their office concerning their fee requirements, as their prices may differ from our prices.

COMPLETE ALL INFORMATION FOR THE MARRIAGE RECORD BEING REQUESTED:

Groom's Name: _____
(First) (Middle) (Last)

Bride's Name: _____
(First) (Middle) (Last)

Date of Marriage: _____
(Month) (Day) (Year)

Place of Marriage: _____
(City) (County) (State)

Signature of Requestor: _____

Relationship (if other than Bride or Groom): _____

DIVORCE VERIFICATION REQUESTS ONLY

Please indicate below the type and number of verifications requested and forward this form with either a money order or certified check for the correct amount, made payable to Vital Records. Divorce records are kept for statistical purposes only; therefore, copies are never issued by the State Office.

[] One Certified Statement \$10.00; Additional statements are \$5.00 at this time [] Total Number of Statements Requested

NOTE: Records prior to June 9, 1952 must be requested at the Clerk of the Superior Court in the county where the divorce was granted. If you are requesting a divorce record prior to this date, complete this application and mail it to the Clerk of the Superior Court in the county where the divorce was granted. Contact their office concerning their fee requirements, as their prices may differ from our prices.

COMPLETE ALL INFORMATION FOR THE DIVORCE VERIFICATION BEING REQUESTED:

Groom's Name: _____
(First) (Middle) (Last)

Bride's Name: _____
(First) (Middle) (Last)

Date of Divorce: _____
(Month) (Day) (Year)

Place of Divorce: _____
(City) (County) (State)

Signature of Requestor: _____

Relationship (if other than Bride or Groom): _____

MAILING ADDRESS

List below the name and address of the person to whom the certificate is to be mailed and indicate their relationship to the person whose name is on the certificate:

Name: _____ Relationship: _____

Address: _____
(No. & Street or RFD and Box No.) (Apt. No.)

(city) (state) (zip code)