

DATE OF REQUEST: _____

REQUEST FOR CERTIFIED COPY OF BIRTH CERTIFICATE

Pursuant to OCGA 31-10-26 & DHR Regulation 290-1-3-.33 Certified copies of a birth certificate may **only** be issued to:
the registrant (person named on document), their spouse, registrant's mother or father, registrant's grandparent, registrant's legal representative, registrant's **adult** brother or sister, registrant's **adult** child, or registrant's legal representative.

NAME ON RECORD: _____

DATE OF BIRTH: _____ SEX: _____

DAYTIME PHONE NUMBER: _____

COUNTY OF BIRTH: _____

FATHER'S/PARENT'S FULL NAME: _____

MOTHER'S/PARENT'S FULL NAME: _____
(INCLUDING MAIDEN LAST NAME)

REQUESTED BY: _____
(SIGNATURE OF PERSON MAKING REQUEST)

PRINTED NAME: _____
(PRINT NAME OF PERSON MAKING REQUEST)

RELATIONSHIP TO REGISTRANT: _____
(SELF, SPOUSE, MOTHER, FATHER, GRANDPARENT, BROTHER, SISTER, SON, DAUGHTER, GUARDIAN, ETC)

I.D. PROVIDED: _____
(DRIVER'S LICENSE, STATE ISSUED I.D. CARD ONLY)

***CERTIFIED COPIES ARE \$25.00 FOR THE 1ST COPY ISSUED AND \$5.00 FOR EACH ADDITIONAL COPY WHEN REQUESTED AT THE SAME TIME**

1ST COPY: _____ # OF ADDITIONAL COPIES: _____ AMOUNT PAID: _____

OFFICE USE ONLY

REQUEST TAKEN BY: _____ **BC#** _____ **BC#** _____ **BC#** _____

DOCUMENT(S): ISSUED UPON REQUEST _____ MAILED _____ CALLED FOR PICK-UP _____ OTHER _____

OTHER ACTION TAKEN: _____
(MISSING STATE FILE #, NOT ON FILE IN OFFICE, ORDERED FROM STATE, NO IMAGE ON SERVER)

STATE FILE NUMBER(ONLY IF IMAGE IS NOT ON SERVER): _____