

**DeKalb County Board of Health**  
**DEATH CERTIFICATE REQUEST**

*The fee for a search of Vital Records has been established by the State Board of Health as twenty-five dollars (\$25.00) effective in this county as of July 1, 2010, in accordance with Section 31-10-27 of the Georgia Health Code. The search fee includes a certified copy of the record, if found. Additional full copies issued at the same time, on the same certificate, are five dollars (\$5.00) each. No personal checks accepted.*  
**All fees are non-refundable.**

*Print legibly and correctly.*

**YOUR INFORMATION**

Your name \_\_\_\_\_  
Your address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to subject \_\_\_\_\_ *Present ID to clerk*

**DEATH CERTIFICATE REQUEST**

Subject's full name \_\_\_\_\_  
Date of death \_\_\_\_\_  
Place of death \_\_\_\_\_  
Reason for request \_\_\_\_\_

**Number of copies** 1  2  3  4  5  Other \_\_\_\_\_

Each search is \$25 and includes one copy, if found.

Additional copies at time of search are \$5 each.

**NO PERSONAL CHECKS. FEES ARE NON-REFUNDABLE.**

Office Use: Certificate No. \_\_\_\_\_

ID type/name/number \_\_\_\_\_

Search + no copy found \$25.00 Add'l copies @ \$5 each \_\_\_\_\_

Search + 1 full copy \$25.00 VA copy \_\_\_\_\_

PAYMENT Cash \_\_\_\_\_ Credit/Debit \_\_\_\_\_ Other \_\_\_\_\_

Received by \_\_\_\_\_

Receipt No. \_\_\_\_\_