

**DeKalb County Board of Health
BIRTH 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.

REQUESTOR'S INFORMATION

Your name _____
(Person requesting Birth Certificate)

Your address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Relationship to subject _____ **Present ID and proof if required**
Proof of relationship required if not parent.

BIRTH CERTIFICATE REQUEST

Full name on birth certificate _____

Date of birth _____

Birth hospital _____ or County of Birth _____

Father's full name _____

Mother's full maiden name _____

Note: Georgia Law Chapter 31-10-26 provides that certified copies of birth certificates be issued only to the registrant (the person whose birth certificate is being requested), the parents or guardians or legal representatives.

\$25 fee for 1 full copy of a Birth Certificate per request
Additional copies issued at the same time are \$5 each.

Number of copies: _____ Fee Due: _____

No Personal Checks. Fees are non-refundable.

Contact Info if requesting by email or fax: (Phone): _____	
(Cell): _____	
ID Information _____	
Search + no copy found _____	Add'l copies@ \$5 each _____
Corrected copies@ \$5 each _____	
PAYMENT Cash _____ Credit/Debit _____	Ck/MO # _____ Amount _____
Receipt No. _____	