

Muscogee County Vital Records/Columbus Health Department  
PO Box 2299, Columbus, GA 31902

Fax # 706-321-6135

**APPLICATION FOR BIRTH CERTIFICATE**

Enter the number of certified copies requested

Copy of Photo IDs Required of **both** requester  
and credit card holder

First Copy \$25.00

Each Additional Copy \$5.00

**Total Copies Requested**

Contact phone #: \_\_\_\_\_

Full Name \_\_\_\_\_  
(First) (Middle) (Last) as shown on  
certificate

Date of Birth \_\_\_\_\_  
(Month) (Day) (Year)

Place of Birth \_\_\_\_\_  
(Hospital) (City) (State) (County)

Current Age \_\_\_\_\_ Sex: M F

Full Name of Father \_\_\_\_\_  
(First) (Middle) (Last)

Full Name of Mother \_\_\_\_\_  
(First) (Middle) (Maiden)

The above fees have been established in accordance with Chapter 31-10 of the Official Code of Georgia. Pursuant to O.C.G.A. Chapter 31-10, Section 31: Any person who willfully or knowingly supplies false information on this form to be used for any purpose of deception with intent to defraud; willfully uses or attempts to use any certificate of birth or death or copy of any record, knowing that such certificate was issued upon a record which was false or which relates to the birth or death of another person may be fined not more than \$10,000 or imprisonment for not more than five (5) years, or both, upon conviction.

By signing below, I hereby authorize the Columbus Health Department to debit/charge my VISA/MasterCard the appropriate fee(s) for birth certificate(s).

► **SIGNATURE OF REQUESTER** \_\_\_\_\_

Relationship \_\_\_\_\_

Mail to the Following Individual:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VISA or MasterCard Information:**

Credit card number: \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Card expiration date: \_\_\_\_\_

3 digit number (V-code) on back of card: \_\_\_\_\_



**Public Health**  
Prevent. Promote. Protect.

Columbus Department of Public Health

Revised: 7/1/10