



Public Health
Prevent. Promote. Protect.

Columbus Department of Public Health

APPLICATION FOR
DEATH CERTIFICATE

Enter the number of certified copies requested
First Copy \$25.00
Each Additional Copy \$5.00

* Valid Photo ID Required
**MONEY ORDERS ONLY

Total Copies Requested

Full Name of Deceased: _____

Date of Death: _____

Place of Death: _____

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.

► **SIGNATURE OF REQUESTER:** _____

Relationship to Deceased: _____

Mail to the Following Individual:

Name: _____
Relationship: _____
Address: _____

IF YOU ARE REQUESTING BY MAIL
Mail your request to:
Columbus Department of Public Health
Vital Records
P.O. Box 2299
Columbus, GA 31902-2299

*Copy of valid photo ID required
** Money Orders Only