

**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.*

**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 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.** \_\_\_\_\_