

GA. DEPT. OF HUMAN RESOURCES
VITAL RECORDS
2600 SKYLAND DRIVE N.E.
ATLANTA, GA. 30319-3640
Phone: 404-679-4701

TROUP CO. HEALTH DEPT.
VITAL RECORDS
900 Dallis Street, Suite A
LAGRANGE, GA 30240
PHONE: 706-298-3755

DEATH CERTIFICATE REQUEST

NO CHECKS

CASH, MONEY ORDER OR CHARGE (Master Card/Visa) ONLY!!

MAIL ORDER CERTIFICATES ARE MONEY ORDER ONLY!!!!

Self-Addressed Stamped Envelope Required!!!!

ENTER THE NUMBER OF CERTIFIED COPIES BELOW AND PAY TOTAL FEE.

Full size Copy - \$25.00

Each Additional copy requested at the same time on the same person is \$5.00 each.

TOTAL COPIES REQUESTED _____

SEARCH FEE OF \$25.00 IS NOT REFUNDABLE IF CERTIFICATE IS NOT FOUND ON FILE!!!

Please complete all information on this form.

1. Name as shown on death certificate _____

2. Date of Death _____ County of Death _____

3. Father's Name _____

4. Mother's Full Maiden Name _____

5. Spouse's Name _____

6. Last known address _____

7. Contact Number _____

Your Signature _____ Date: _____

Your Address _____

City _____ State _____ Zip _____

Your Relationship to person shown on line 1. _____