

**PLEASE RETURN THIS FORM TO: VITAL RECORDS, 2600 SKYLAND DRIVE, NE, ATLANTA, GA 30319-3640**

Please indicate below the type and number of copies requested and forward this form with either a money order or certified check for the correct amount, made payable to the Georgia Department of Human Resources.

Full size copy \$10.00  
Additional copies  
\$5.00 each at this time

Total number of copies  
Requested

Amount Received  
\$ \_\_\_\_\_

**BIRTH CERTIFICATE REQUESTS**

**FILL IN INFORMATION BELOW CONCERNING PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED**

Name at birth: \_\_\_\_\_  
(first) (middle) (last)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of birth: \_\_\_\_\_  
(hospital) (city) (county) (state)

Full name of father: \_\_\_\_\_

Full name of mother before marriage: \_\_\_\_\_

**MAILING ADDRESS**

List below the name and address of the person to whom the certificate is to be mailed and indicate their relationship to the person whose name is on the certificate:

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

Address: \_\_\_\_\_  
(No. & Street or RFD and Box No.) (Apt. No.)

\_\_\_\_\_ (city) (state) (zip code)