

# Birth Certificate Request Form

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

**\*\*For mail request: Once our office receives your request, a clerk will give you a call to process your payment by phone.**

You must have JavaScript enabled to use this form.

Full Name at Birth:

Date of Birth:

County of Birth:

Mother's Maiden Name:

Father's Name:

Name of Requestor:

Relationship:

Requestor Address:

Requestor Phone Number:

Requestor Email:

Number of Copies:

Mail or Pickup?

Valid Photo ID is REQUIRED

Choose  
a

One file only.

2 MB limit.

Allowed types: gif, jpg, tif, pict, txt, pdf, doc, docx.

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