

# Death 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**

You must have JavaScript enabled to use this form.

Name of Decedent:

Date of Death:

Name of Requestor:

Spouse (if applicable):

Name of Requestor: 1

Relationship to Decedent:

Requestor Address:

Requestor Phone Number:

Requestor Email:

Number of Copies:

Mail or Pickup?

Valid Photo ID is REQUIRED

Choose a file

Upload

One file only.  
2 MB limit.  
Allowed types: gif, jpg, png, pict, txt, pdf, doc, docx.

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply.

Submit