REQUEST FOR DEATH CERTIFICATE

NAME OF DECEASED: ____________________________________________

DATE OF DEATH: _____________________________________________

SIGNATURE: _________________________________________________

RELATIONSHIP TO DECEASED (IF ANY): __________________________

IF NO RELATIONSHIP, REASON FOR REQUEST: ___________________

NUMBER OF COPIES: ______________________

A certified copy of a death or spontaneous fetal death certificate containing the cause of death information shall not be issued except as follows:

(a) Upon specific request of the spouse, children, parents, or other next of kin of the decedent or their respective legal representatives; or
(b) When need for disclosure of the cause of death is necessary to establish a legal right or claim has been demonstrated; or
(c) Upon receipt of an order from a court of competent jurisdiction ordering such release.

A certified copy or abstract of a death certificate which does not contain the cause of death may be issued to any applicant upon proper application.

(O.C.G.A. 31-10-26, DHS rule 290-1-3-.33)

FEE: $25.00 FOR SEARCH (INCLUDES 1 CERTIFIED COPY)
$5.00 FOR EACH ADDITIONAL CERTIFIED COPY

To request a death record by mail, submit this form along with a copy of your photo ID, money order and a self addressed stamped envelope to:
Evans County Probate Court, P.O. Box 852, Claxton, GA 30417
We are unable to accept requests by phone, fax, or online.

FOR OFFICE USE ONLY
Date: _______________ Total amount: _________ Cash ___ Check ___