

REQUEST FOR DEATH CERTIFICATE

NAME OF DECEASED: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____
(CITY OR COUNTY)

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: \$ _____ Cash Received: \$ _____ Change Given: \$ _____ MO: \$ _____