

**PLEASE RETURN THIS FORM TO: VITAL RECORDS, PO BOX 70
SWAINSBORO GEORGIA 30401**

Please indicate below the type and number of copies requested and forward this form with a money order for correct amount, made payable to Emanuel County Vital Records.
***Please include a copy of the ID for the person requesting certificate.**

[] Certified copy \$25.00 [] Total number of additional copies at \$5 each

Additional copies Requested _____

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

Name at birth: _____
(first) (middle) (last)

Date of birth: _____ Sex: _____

Place of birth: _____
(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)

Email address _____ Telephone # _____