

DEATH CERTIFICATE REQUEST FORM

**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 copies at \$5.00

Additional copies Requested _____

Self, Parent, Legal Guardian, Grandparent, adult brother or sister, adult child, spouse or legal representative.

If not one of the above relations, the cause of death will be blanked out. * If case of death is needed signature is required

Relation: _____

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: _____

Address: _____

(city)

(state)

(zip code)

Email Address: _____

Telephone #: _____

DECEDENT INFORMATION

Full name of decedent at death: _____

Date of death: _____

County of death: _____