

APPLICATION FOR BIRTH CERTIFICATE

TROUP COUNTY HEALTH DEPARTMENT VITAL RECORDS
900 Dallis Street, Suite A
LAGRANGE, GA 30240
PHONE: 706-298-3755

Copy of State Issue Photo ID is Required

Forms of Payment: Cash, Money Order and Charge Card (Master Card/Visa)—NO CHECKS

MAIL ORDER CERTIFICATES REQUIRE MONEY ORDER AND Self-Addressed Stamped Envelope

Note: Georgia Law Chapter 31-10-26 provides that certified copies of Birth Certificates be issued ONLY to requester (the person who's Birth Certificate is being requested), the parents, guardian, legal representatives.

First Copy - \$25.00 Each Additional Copy- \$5.00 **Total Copies Requested** _____

SEARCH FEE OF \$25.00 IS NOT REFUNDABLE IF CERTIFICATE IS NOT FOUND ON FILE

Please print and complete all information on this form:

1. Name as shown on Birth certificate _____

2. Date of Birth _____ County of Birth _____

3. Father's Name _____

4. Mother's Full Maiden Name _____

5. Contact Number _____

The above fees have been established in accordance with Chapter 31-10 of the Official Code of Georgia. Pursuant to O.C.G.A. chapter 31-10; Section 31: Any person who willfully or knowingly supplies false information on this form to be used for any purpose of deception with intent to defraud; willfully uses or attempts to use any certificate of birth or copy of any record of birth knowing that such certificate was issued upon a record which was false or which 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.

Your Signature _____ Date: _____

Print Name _____

Your Address _____

City _____ State _____ Zip _____

Your Relationship to person shown on line 1 _____