

# APPLICATION FOR DEATH CERTIFICATE

## TROUP COUNTY HEALTH DEPARTMENT VITAL RECORDS

900 Dallis Street, Suite A  
LAGRANGE, GA 30240  
PHONE: 706-298-3755

**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

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 Death certificate \_\_\_\_\_
2. Date of Death \_\_\_\_\_ County of Death \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_
3. Father's Name \_\_\_\_\_
4. Mother's Full Maiden Name \_\_\_\_\_
5. Spouse's Name \_\_\_\_\_
6. Last known Address \_\_\_\_\_
7. Contact Number \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Your Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Relationship to person shown on line 1 \_\_\_\_\_