

REQUEST FOR BIRTH CERTIFICATE

Fee: \$25.00 for first copy

\$5.00 for each additional copy

1. Full name at birth: _____
2. Date of birth: _____
3. Place of birth: HOSPITAL NAME _____
CITY: _____, GEORGIA
4. Father's full name: _____
5. Mother's full name before marriage: _____
6. Relationship to person on birth certificate: _____

Contact information where we can reach you

Phone number: _____

Email: _____

Return request to with

PAYMENT, PHOTO COPY OF ID, and SELF-ADDRESSED LETTER SIZED STAMPED ENVELOPE TO:

Terrell County Probate Court

PO Box 67

Dawson, GA 39842