

REQUEST FOR DEATH CERTIFICATE

Fee: \$25.00 for first copy

\$5.00 for each additional copy

1. Full Name of deceased: _____

2. Date of DEATH: _____

3. Place of death: HOSPITAL _____

CITY _____, GEORGIA

4. Relationship to deceased: _____

Contact information where we can reach you:

Phone number: _____

Email: _____

Return request to with

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

Terrell County Probate Court

PO Box 67

Dawson, GA 39842