



Public Health
Prevent. Promote. Protect.

Columbus Department of Public Health

APPLICATION FOR BIRTH CERTIFICATE

Enter the number of certified copies requested

First Copy \$15.00

Each Additional Copy \$5.00

* Valid Photo ID Required

Total Copies Requested

Full Name: _____
(First) (Middle) (Last) as shown on certificate

Date of Birth: _____
(Month) (Day) (Year)

Place of Birth: _____
(Hospital) (City) (State) (County)

Current Age: _____ Sex: M F

Full Name of Father: _____
(First) (Middle) (Last)

Full Name of Mother: _____
(First) (Middle) (Maiden)

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 death or copy of any record, knowing that such certificate was issued upon a record which was false or which relates to the birth or death of another person may be fined not more than \$10,000 or imprisonment for not more than five (5) years, or both, upon conviction.

► **SIGNATURE OF REQUESTER:** _____

Relationship: _____

Mail to the Following Individual:

Name: _____ Relationship: _____

Address: _____

