

LAURENS COUNTY HEALTH DEPARTMENT  
Vital Records  
654 County Farm Road  
Dublin, GA 31021

Laurens.Health@dph.ga.gov

**DEATH CERTIFICATE REQUEST SEARCH FORM**

\$25.00 For First Copy and \$5.00 For Each Additional Copy of The Same Certificate Search at The Same Time

**PHOTO IDENTIFICATION IS REQUIRED**

**REQUESTOR INFORMATION** Person applying for the Death Certificate

Requestor: \_\_\_\_\_  
First Name Middle Name Last Name

Requestor: \_\_\_\_\_  
Address City State Zip

Requestor: \_\_\_\_\_  
Phone Number

Relationship to registrant: \_\_\_\_\_

**REGISTRANT INFORMATION** Person you are requesting Death Certificate on

Full Name of Registrant: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Death: \_\_\_\_\_ County of Death: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Mother's Name: ----- Maiden Name: -----

Father's Name: -----

A fine of not more than \$10,000.00 or imprisonment of not more than five years, or both, shall be imposed on any person who willfully and knowingly makes any false statement in an application for a vital record.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_