

APPLICATION FOR DEATH CERTIFICATE COPY

1 Copy \$25.00

Additional Copies \$5.00 each when ordered at the same time

NAME OF DECEDENT: _____

DATE OF DEATH: _____ COUNTY OF DEATH: _____

REQUESTOR'S NAME: _____

RELATIONSHIP TO DECEDENT: _____

DAYTIME TELEPHONE NUMBER: _____ DATE OF REQUEST: _____

TOTAL NUMBER OF COPIES ORDERED: _____

WAS THE DECEASED A VETERAN: YES ____ NO ____

SIGNATURE: _____

****IF YOU ARE MAILING THE REQUEST PLEASE INCLUDE A COPY OF YOUR IDENTIFICATION, THE PAYMENT AND A SELF-ADDRESSED, STAMPED ENVELOPE**

OFFICE USE ONLY:

Paid by: Cash/Check#/Money Order# _____

Amount collected: \$ _____ Change Given: \$ _____ Receipt #: _____

Date ticket entered: _____ Ticket #: _____ Ticket resolved date: _____

Reason: _____

FORSYTH COUNTY PROBATE COURT
100 WEST COURTHOUSE SQUARE, SUITE 008
CUMMING, GEORGIA 30040