Hall County Health Department
District 2 Public Health
Zachary Taylor, M.D., M.S., Public Health Director
1290 Athens Street • Gainesville, Georgia 30507
PH: 770-531-5600 • FAX: 770-531-6035 • www.phdistrict2.org

Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union and White Counties

The fee for searches of vital records has been established in accordance with GA Code ANN., 31-10 of the Official Code of Georgia. Birth and Death certificates are $25.00. This includes the search fee and one certified certificate if found. Each additional certificate purchased at the same time for the same person is $5.00. The search fee is non-refundable. In our office, we accept forms of payment including: Cash, Visa, Discover and Mastercard.

[ ] Number of Certificates Requested [ ] Valid Identification [ ] Payment Method

BIRTH CERTIFICATE REQUESTS

FILL IN THE INFORMATON BELOW CONCERNING THE PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED

REGISTRANT (NAME ON RECORD):
(first) (middle) (last)

DATE OF BIRTH: AGE: RACE/ETHNICITY: SEX:

PLACE OF BIRTH:
(hospital) (city) (county) (state)

NAME OF MOTHER/PARENT 1:
(first) (middle) (last name at birth)

NAME OF FATHER/PARENT 2:
(first) (middle) (last name at birth)

DEATH CERTIFICATE REQUESTS

FILL IN INFORMATION BELOW CONCERNING THE DECEDENT

REGISTRANT (NAME ON RECORD):
(first) (middle) (last)

DATE OF DEATH: AGE: RACE/ETHNICITY: SEX:

PLACE OF DEATH:
(hospital/location) (city) (county) (state)

___ I **DO** need the cause of death ___ I **DO NOT** need the cause of death

REQUESTER'S INFORMATION

NAME: RELATIONSHIP TO CERTIFICATE HOLDER:

ADDRESS:
(No. & Street or Box No.) (city) (state) (zip code)

PHONE NUMBER: EMAIL ADDRESS:

SIGNATURE OF REQUESTER:

Pursuant to O.C.G.A GA Code Ann., 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 copy of any record of birth knowing that such certificate was issued upon a record which was false or which relates to the birth of another person may be fined not more than $1000 or imprisoned for not more than five (5) years, or both upon conviction.
HCHD06 (REV 5/22)

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Actas de nacimiento y actas de defunción tienen un costo de $25.00. Cada certificado adicional adquirido, el mismo dia para la misma persona, tiene un costo adicional de $5.00. En nuestra oficina, aceptamos efectivo Visa, Discover, y Mastercard como forma de pago. **El cobro por los servicios han sido establecidos conforme al código de GA ANN., 31-10 de el código Oficial del Estado.**

[ ] Cantidad en total [ ] Identificacion valida [ ] Forma de pago

ACTA DE NACIMIENTO

COMPLETAR LA INFORMACION A CONTINUACION EN RELACION CON LA PERSONA CUYO CERTIFICADO DE NACIMIENTO SE SOLICITA

NOMBRE COMPLETO AL NACER: _____
(primer) (segundo) (apellido/apellidos)

FECHA DE NACIMIENTO: _____ EDAD: _____ RAZA: _____ SEXO: _____

LUGAR DE NACIMIENTO: _____
(hospital) (ciudad) (condado de nacimiento) (estado)

NOMBRE COMPLETO DE SOLTERO DE LA MADRE: _____
(primer) (segundo) (apellido/apellidos)

NOMBRE COMPLETO DE PADRE: _____
(primer) (segundo) (apellido/apellidos)

SOLICITUD DEL CERTIFICADO DE DEFUNCION

COMPLETAR LA INFORMACION RELATIVA DEL DIFUNTO

NOMBRE COMPLETO DEL DIFUNTO: _____
(primer) (segundo) (apellido/apellidos)

FECHA DE FALLECIMIENTO: _____ EDAD: _____ RAZA: _____ SEXO: _____

LUGAR DE FALLECIMIENTO: _____
(hospital/hubicacion) (ciudad) (condado) (estado)

___ **SI NECESITO** LA CAUSA DE FALLECIMIENTO ___ **NO NECESITO** LA CAUSA DE FALLECIMIENTO

INFORMACION DEL SOLICITANTE

NOMBRE: _____ PARENTESCO: _____

DIRECCION: _____
(ciudad) (estado) (c.postal)

NUMERO DE TELEFONO: _____

CORREO ELECTRONICO: _____

FIRMA DEL SOLICITANTE: _____