

**TOWNS COUNTY VITAL RECORDS**

**REQUEST FOR RECORDS**

**CERTIFIED COPIES OF BIRTH OR DEATH RECORDS ARE \$25.00 PER COPY AND \$5.00 FOR EACH ADDITIONAL COPY REQUESTED AT THAT TIME. IF OBTAINED AT DIFFERENT TIME, THE BIRTH OR DEATH RECORD WILL BE \$25.00 WITH EACH REQUEST.**

**PLEASE CIRCLE CERTIFICATE REQUESTED:    BIRTH            DEATH**

**CERTIFICATE INFORMATION:**

NAME AT BIRTH OR DEATH: \_\_\_\_\_

DATE OF BIRTH OR DEATH: \_\_\_\_\_

COUNTY OF BIRTH OR DEATH: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

**INFORMATION OF PERSON REQUESTING CERTIFICATE:**

NAME OF REQUESTOR: \_\_\_\_\_

RELATIONSHIP OF REQUESTOR: \_\_\_\_\_

ADDRESS OF REQUESTOR: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

IDENTIFICATION SUBMITTED TO CLERK: \_\_\_\_\_

**I SWEAR OR AFFIRM THAT I AM THE ABOVE NAMED PERSON, PARENT, LEGAL REPRESENTATIVE OR GUARDIAN OF THE PERSON FOR WHICH THE CERTIFICATE IS REQUESTED.**

\_\_\_\_\_  
**SIGNATURE** **DATE**