

## Request for Certified Copy of Death Certificate

### Name on Death Certificate

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Death \_\_\_\_\_

# of Copies Requested \_\_\_\_\_ \$ Amount Enclosed \_\_\_\_\_

**\$25 for 1<sup>st</sup> copy**

**\$ 5 for each additional copy of the same record**

### Requester's Information

Full Name \_\_\_\_\_

Relationship to Registrant \_\_\_\_\_ Phone # \_\_\_\_\_

### **Include:**

- Legible Copy of Valid Photo ID
- Documents to prove relationship to Registrant, if applicable.  
(If no proof is provided, the Social Security Number will be redacted.)
- Money order (No personal checks accepted)
- Self-Addressed Stamped Envelope

### **Mail the Request to:**

Camden County Probate Court  
PO Box 818  
Woodbine, GA 31569