



Kathleen Toomey, M.D., M.P.H., Commissioner / Brian Kemp, Governor

1916 North Leg Road

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REQUEST FOR GEORGIA BIRTH CERTIFICATE

NAME AT BIRTH _____
(FIRST) (MIDDLE) (LAST)

DATE OF BIRTH _____ PLACE OF BIRTH _____

FATHER'S FULL NAME _____
(FIRST) (MIDDLE) (LAST)

MOTHER'S MAIDEN NAME _____
(FIRST) (MIDDLE) (LAST)

LEGAL NAME CHANGES OTHER THAN MARRIAGE: _____

YEAR OF CHANGE _____

RELATIONSHIP TO APPLICANT: SELF _____ PARENT _____ OTHER _____
(SPECIFY)

NUMBER OF COPIES _____ FIRST COPY \$25.00/ADDITIONAL COPIES \$5.00

NAME OF APPLICANT _____ SIGNATURE OF APPLICANT _____

ADDRESS: _____

DAYTIME NUMBER: _____

Please enclose copy of photo ID. Make check or money order out to RCHD (Richmond County Health Department).

Mail to : Richmond County Health Department
1916 North Leg Road
Augusta, GA 30909

East Central Health District

D. Stephen Goggans, MD, MPH, FACP, District Health Director

We protect lives.