



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

1916 North Leg Road

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REQUEST FOR DEATH CERTIFICATE

NAME OF DECEDENT _____
(FIRST) (MIDDLE) (LAST)

DATE OF DEATH _____

PLACE OF DEATH _____ **GEORGIA**
(CITY) (COUNTY) (STATE)

***CAUSE OF DEATH IS SHOWN WHEN APPLICANT IS "NEXT OF KIN" OR IF CERTIFICATE IS NEEDED TO ESTABLISH A "LEGAL RIGHT OR CLAIM". APPLICANT MUST PROVIDE ALL NECESSARY DOCUMENTATION.**

"NEXT OF KIN": SPOUSE, ADULT CHILD OR PARENT

RELATIONSHIP TO DECEDENT _____

REASON FOR REQUESTING DEATH CERTIFICATE _____

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.