

VITAL RECORDS REQUEST INSTRUCTIONS

1. COMPLETE SECTION OF FORM FOR DOCUMENT NEEDED
2. SEND COPY OF DRIVERS LICENCE WITH REQUEST
3. SEND MONEY ORDER FOR TOTAL AMOUNT OF COPIES REQUESTED
4. MAKE SURE WE HAVE YOUR CORRECT RETURN ADDRESS
5. MAIL REQUEST ALONG WITH MONEY ORDER AND COPY OF DRIVERS LICENSE TO
JONES COUNTY PROBATE COURT
PO BOX 1090
GRAY GA 31032

COUNTY VITAL RECORDS REQUEST

Search Fee and 1st Certified Copy \$25.00. Additional copies at this time are \$5.00 Each

I AM REQUESTING THE FOLLOWING INFORMATION FROM VITAL RECORDS

_____ (# of copies) CERTIFIED COPY OF BIRTH CERTIFICATE () Living () Deceased

Name on Certificate: _____
Date of Birth: _____
County of Birth: _____
Mother's FULL (Maiden) Name: _____
Father's FULL Name: _____
REASON FOR REQUEST: _____

Name of Requestor: _____ Relationship _____ Date _____
Address of Requestor: _____ Phone Number: _____
Email Address: (Optional) _____ Signature: _____

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_____ (# of copies) CERTIFIED COPY OF DEATH CERTIFICATE

Name on Certificate: _____
Date of Death: _____
County of Death: _____
If Married: Name of Husband or Wife: _____
Informant: _____
REASON FOR REQUEST: _____

Name of Requestor: _____ Relationship _____ Date _____
Address of Requestor: _____ Phone Number: _____
Email Address: (Optional): _____ Signature: _____

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_____ (# of copies) Funeral Director Copy

Name on Certificate: _____
Date of Death: _____
County of Death: _____
If Married: Name of Husband or Wife: _____
Informant: _____

Name of Requestor: _____ Relationship _____ Date _____
Address of Requestor: _____ Phone Number: _____
Email Address: (Optional): _____ Signature: _____

OFFICE USE ONLY

FILE # _____

COPIES ISSUED: _____

DATE: _____

Please Make Sure to VERIFY I.D.

Type of I.D. Shown & ID #: _____

Initials of Issuer: _____

PAYMENT METHOD: _____

Number of Copies Received: _____

SIGNATURE: _____

Date Received: _____