



APPLICATION FOR SEARCH OF BIRTH RECORD FILES

PLACE OF BIRTH MUST BE IN FULTON COUNTY

FULL NAME (First, Middle, Last)	
DATE OF BIRTH (Month, Day, Year)	SEX
NAME OF MOTHER (MAIDEN NAME)	
NAME OF FATHER	

INDIVIDUAL REQUESTING COPIES

PRINT NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____
SIGNATURE _____
YOUR RELATIONSHIP TO PERSON _____
INTENDED USE _____

The fee for a birth record is \$17.00
Additional copies are \$9.00 each

Number certified copies requested _____

Date: _____

Fulton County Health Department accepts cash, check, and debit/credit cards
(ALLPAID charges a fee for debit and credit transactions)

Make checks payable to: FCHD or Fulton County Health Department