

BIRTH CERTIFICATE
Request Form
Gwinnett County Probate Court
75 Langley Drive
Lawrenceville, Georgia 30045
(770) 822-8250

DATE _____

NAME ON BIRTH CERTIFICATE:

DATE of BIRTH: _____ **PLACE of BIRTH/HOSPITAL:**

MOTHER'S FULL NAME (With Maiden):

FATHER'S FULL NAME:

What is your relationship to the individual on the certificate:

Self Parent Guardian Spouse Or Other

Signature

Number of copies requested # _____

Fee is \$10.00 for the first copy and \$5.00 for each additional copy per individual.

If you are seeking to request birth certificates for more than 1 individual you must complete a form for each request. The above fees are per each individual.

Please complete your mailing information below:

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____