

Janet L. Allen  
Associate Judge

Gloria P. Dubberly  
Judge, Tattnall County Probate Court  
111 North Main Street – P. O. Box 699 – Reidsville, GA 30453  
Phone: (912) 557-6710

Sandy G. Simmons  
Delores C. Williams  
Clerks

Please indicate below the type and number of copies requested and forward this form with either a **money order** or **certified check** for the correct amount, made payable to Tattnall County Probate Court. Please include a self-addressed envelope with postage affixed.

Certified Copy \$25.00  
Additional copies of same record  
\$5.00 each at same time

Total number of copies  
requested

Amount Received  
\$ \_\_\_\_\_

Photocopy of valid photo ID

## BIRTH CERTIFICATE REQUESTS

FILL IN INFORMATION BELOW CONCERNING PERSON WHOSE BIRTH CERTIFICATE IS REQUESTED

Name at birth: \_\_\_\_\_  
(first) (middle) (last)

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of birth: \_\_\_\_\_  
(City) (County) (State)

Full name of father: \_\_\_\_\_

Full name of mother before marriage: \_\_\_\_\_

## DEATH CERTIFICATE REQUESTS

FILL IN INFORMATION BELOW CONCERNING DECEDENT

Name: \_\_\_\_\_

Date of death: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of death: \_\_\_\_\_  
(City) (County) (State)

If married, name of husband or wife: \_\_\_\_\_

## MAILING ADDRESS

List below the name and address of the person to whom the certificate is to be mailed and indicate their relationship to the person whose name is on the certificate:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P. O. Box)

\_\_\_\_\_ (City) (State) (Zip Code)

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Signature