

**IN THE PROBATE COURT OF COBB COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

_____,
(Name of person whose delayed birth
birth certificate is to be issued)

)
)
)
)

ESTATE NO. _____

PETITION FOR A COURT ORDERED DELAYED CERTIFICATE OF BIRTH

The petition of _____
[Full name(s) of petitioner(s)] First Middle Last
whose physical address(es) is/are _____,
Street City County State Zip Code
and mailing address(es) is/are _____,
Street City County State Zip Code
shows to the Court the following:

[Full name of person whose delayed birth certificate is being requested] First Middle Last
whose physical address is _____,
Street City County State Zip Code

The Petitioner is requesting a delayed birth certificate for the above referenced person who
was born in the State of _____.
(State of Birth)

An application for a delayed birth certificate was submitted to the State of Georgia Vital
Records on _____. Said application was rejected by the Director of the State Vital
(Date)
Records office by reason of:

Attached to this Petition as Exhibit A is 1) a copy of the rejection letter from the State Vital
Records Office, and 2) all documentary evidence Petitioner submitted to the State Vital Records
Office.

Petitioner further alleges:

1. That the person for whom a delayed certificate of birth is sought was born in this state;
2. That no certificate of birth of such person can be found in the files of the State Office of Vital Records or the office of any local custodian of vital records;
3. That diligent efforts by the Petitioner have failed to obtain the evidence required in accordance with O.C.G.A. § 31-10-11.

WHEREFORE, Petitioner prays for an order directing that notice be issued and served upon the State Registrar, together with a copy of this petition, and if no cause be shown to the contrary, a hearing shall be set on the matter and the petition be granted for an order establishing a delayed birth certificate.

Signature of Petitioner

Printed Name

Mailing Address

Telephone Number

Signature of Attorney: _____

Printed Name of Attorney: _____

Address: _____

Telephone Number: _____ State Bar # _____

VERIFICATION

GEORGIA, COBB COUNTY

Personally appeared before me the undersigned petitioner(s) who, after being duly sworn, state(s) that the facts set forth in the foregoing petition and the attached exhibit(s) are true and correct.

Sworn to and subscribed before met this
_____ day of _____, 20____

Signature of Petitioner

NOTARY/CLERK OF PROBATE COURT

Printed Name of Petitioner

My Commission Expires: _____

EXHIBIT "A"

Additional evidence supporting the establishment of the delayed birth certificate as presented below:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____
- f) _____
- g) _____
- h) _____
- i) _____
- j) _____