

Brian Kemp, Governor

200 Piedmont Avenue, SE Atlanta, Georgia 30334

Dear Provider:

Under the Method of Disposal of Fetal Remains O.C.G.A §16-12-141.I (a) law:

- (1) Every hospital and clinic in which abortions are performed or occur spontaneously, and any laboratory to which the aborted fetuses are delivered, shall provide for the disposal of the aborted fetuses by cremation, interment, or other manner approved of by the commissioner of public health. The hospital, clinic, or laboratory may complete any laboratory tests necessary for the health of the woman or her future offspring prior to disposing of the aborted fetus.
- (2) Each hospital, clinic, and laboratory shall report on a form provided by the commissioner of public health, the manner in which it disposes of the aborted fetus. Such reports shall be made annually by December 31st and whenever the method of disposal changes. The Commissioner of the Georgia Department of Public Health shall provide forms for reporting under this code section.

To comply with this law, complete the attached "DPH Form 3933: Method of Disposal of Fetal Remains" annually and email or mail to the address below by December 31st.

A copy of this form can be found on the website <u>https://dph.georgia.gov/womens-right-know-wrtk</u>

Email to: <u>DPH-WRTKINFO@dph.ga.gov</u> OR

Mail to: Georgia Department of Public Health C/O: Women, Children, & Nursing Services 200 Piedmont Avenue, SE West Tower, 15^h Floor Atlanta, GA 30334

Sincerely,

Diane Durrence

Diane Durrence Director, Women, Children, & Nursing Services Georgia Department of Public Health



DPH Form 3933: Method of Disposal of Fetal Remains

O.C.G.A. § 16-12-141.1(a) provides:

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(2) Each hospital, clinic, and laboratory shall report, on a form provided by the commissioner of public health, the manner in which it disposes of the aborted fetus. Such reports shall be made annually by December 31 and whenever the method of disposal changes. The commissioner of public health shall provide forms for reporting under this Code section.

	Cremation
	Internment
	Manner approved by the Commissioner of Public Health:
	(Describe)
	Date of approval:
Name By:	of hospital or clinic
Name:	
Title: Date:	
	Email to: <u>DPH-WRTKINFO@dph.ga.</u> Mail to: Georgia Department of Public Health C/O

The hospital or clinic identified below disposes of fetal remains as follows:

Mail to: Georgia Department of Public Health C/O Maternal and Child Health 200 Piedmont Avenue, SE West Tower 15th Floor Atlanta, GA 30334