



PRONOUNCEMENT OF DEATH • (REVISED 02/2025)

The pronouncement of death form should be completed by every person pronouncing the decedent at the facility and a copy should be given to the person completing the death certificate. A copy of this form should be given to the funeral home, medical certifier, and pronouncer.

This form is not a certificate of death. When a patient dies in a licensed hospice or a nursing home in the absence of a physician and under specific circumstances, that person may be pronounced dead as provided by law in GA Code Ann, 31-7-16 and 31-7-176.1.

This form does not replace the Permit for Disposition of Human Remains used for cremation, donation or transportation (out of state) of a body. DPH Rule 511-1-3-.23

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: DECEDENT'S INFORMATION

LEGAL FIRST NAME OF DECEDENT		MIDDLE NAME OF DECEDENT		LAST NAME OF DECEDENT AT DEATH		LAST NAME OF DECEDENT AT BIRTH			
GENERATION (JR., II, III, ETC.)		DATE OF DEATH (MONTH, DAY, YEAR)		DATE OF BIRTH (MONTH, DAY, YEAR)		TIME OF DEATH		COUNTY OF DEATH	
SOCIAL SECURITY NUMBER			ADDRESS OF PLACE OF DEATH (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)						

Was this death referred to the county coroner or medical examiner? Yes No

Section 2: NEXT OF KIN'S INFORMATION

NEXT OF KIN FIRST NAME		NEXT OF KIN MIDDLE NAME		NEXT OF KIN LAST NAME		GENERATION (JR., II, III, ETC.)		
ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)								
RELATIONSHIP TO DECEASED				NEXT OF KIN PHONE NUMBER				

Section 3: PRONOUNCER'S INFORMATION

FIRST NAME OF PRONOUNCER		MIDDLE NAME OF PRONOUNCER		LAST NAME OF PRONOUNCER		GENERATION (JR., II, III, ETC.)		TITLE	
E-MAIL ADDRESS				PHONE NUMBER					
SIGNATURE OF PRONOUNCER				DATE SIGNED		LICENSE NUMBER			

Section 4: FUNERAL HOME'S INFORMATION

NAME OF FUNERAL HOME								
ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)								
E-MAIL ADDRESS				PHONE NUMBER				

Section 5: MEDICAL CERTIFIER'S INFORMATION

MEDICAL CERTIFIER'S NAME			MEDICAL CERTIFIER'S SIGNATURE			MEDICAL CERTIFIER'S LICENSE NUMBER		
DID YOU DESIGNATE IN GAVERS? (CHECK ONE) Yes No			IF YOU DID NOT DESIGNATE IN GAVERS, DID YOU DROP TO PAPER? (CHECK ONE) IF YES, PLEASE ENTER FAX NUMBER. Yes No FAX NUMBER?					
ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)								
PRIMARY DIAGNOSIS								
SECONDARY DIAGNOSIS (SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH)								
E-MAIL ADDRESS				PHONE NUMBER				
CORONER – ME NAME			PHONE NUMBER			LICENSE – BADGE NUMBER		
ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)								

Has Coroner or Medical Examiner Released body? Yes No