



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 31-7-177.1.

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, certifying physician, and pronouncer.

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: DECEDENT'S INFORMATION

Form for Section 1: DECEDENT'S INFORMATION with fields for LEGAL FIRST NAME OF DECEDENT, MIDDLE NAME OF DECEDENT, LAST NAME OF DECEDENT AT BIRTH, GENERATION (JR., II, III, ETC.), DATE OF DEATH (MONTH, DAY, YEAR), TIME OF DEATH, DATE OF BIRTH (MONTH, DAY, YEAR), SOCIAL SECURITY NUMBER, PHONE NUMBER, and ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE).

Section 2: NEXT OF KIN'S INFORMATION

Form for Section 2: NEXT OF KIN'S INFORMATION with fields for 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), and RELATIONSHIP TO DECEASED.

Section 4: PRONOUNCER'S INFORMATION

Form for Section 4: PRONOUNCER'S INFORMATION with fields for 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, and LICENSE NUMBER.

Section 4: FUNERAL HOME'S INFORMATION

Form for Section 4: FUNERAL HOME'S INFORMATION with fields for NAME OF FUNERAL HOME, ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE), E-MAIL ADDRESS, and PHONE NUMBER.

Section 4: PHYSICIAN'S INFORMATION

Form for Section 4: PHYSICIAN'S INFORMATION with fields for PRIMARY PHYSICIAN'S NAME, PRIMARY PHYSICIAN'S SIGNATURE, FAX NUMBER, ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE), PRIMARY DIAGNOSIS W/ICD10 CODE, SECONDARY DIAGNOSIS, CO-MORBIDITIES, E-MAIL ADDRESS, and PHONE NUMBER.