



PERMIT FOR DISPOSITION OF HUMAN REMAINS (REVISED 10/2019)

PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

DPH Rule 511-1-3-.23(1b) provides that a disposition permit may be issued only if: (1) a person authorized by DPH Rule 511-1-3-.19(5) has certified the cause of death; (2) the decedent's attending physician has given approval for disposition; or (3) for a body subject to inquiry under Title 45, Chapter 16, Article 2 of the Official Code of Georgia, the county coroner or medical examiner has given approval for disposition. A disposition permit can only be issued in the county of death.

Section 1: REQUIRED INFORMATION

Form with fields: NAME OF DECEASED, PLACE OF DEATH (HOSPITAL NAME, OR STREET ADDRESS), CITY, TOWN, OR LOCATION OF DEATH, PERMIT NUMBER, DATE OF DEATH, FETAL DEATH? (Yes/No), COUNTY OF DEATH, NAME OF CERTIFYING PHYSICIAN, CORONER, OR MEDICAL EXAMINER, CERTIFIER'S ADDRESS, NAME OF FUNERAL HOME, LICENSE NO., FUNERAL HOME ADDRESS (CITY, STATE, & ZIP CODE), METHOD OF DISPOSITION (Cremation, Donation, Removal from State, Other), DATE OF DISPOSITION, NAME & ADDRESS OF DISPOSITION SITE (CITY, STATE, ZIP CODE, & COUNTY)

Section 2: SIGNATURES

Attestation for Funeral Director or Person Acting as Such

I, _____, hereby attest as follows:

PRINTED NAME OF FUNERAL DIRECTOR OR AGENT

I have obtained assurance from the decedent's attending physician, associate physician, or the chief medical officer of the institution in which the death occurred that the death is from natural causes and that the physician will assume responsibility for certifying the cause of death; or I have obtained assurance from the coroner or medical examiner that he or she will assume responsibility for certifying the cause of death, and the coroner or medical examiner has given approval for disposition, including cremation, donation, or transit across state lines. I understand that if I knowingly provide false information on this disposition permit, I am subject to a fine or imprisonment, or both, under Code Section 31-10-31, and that I may be reported to the Georgia State Board of Funeral Service or other regulatory body.

Form with fields: SIGNATURE OF FUNERAL DIRECTOR OR AGENT, DATE (MONTH, DAY, & YEAR), EMAIL ADDRESS, PHONE NUMBER, FAX NUMBER, LICENSE NUMBER AND STATE OF ISSUANCE

This disposition permit is issued in reliance upon the foregoing attestation or upon a certified cause of death.

Form with fields: SIGNATURE OF REGISTRAR OR DEPUTY REGISTRAR, DATE (MONTH, DAY, & YEAR), PRINTED NAME OF REGISTRAR OR DEPUTY REGISTRAR, LICENSE NUMBER (IF APPLICABLE), PROFESSIONAL TITLE, ORGANIZATION, & ORGANIZATION ADDRESS OF REGISTRAR OR DEPUTY REGISTRAR