



Phone NO: 678-574-3016  
4671 S Main Street—Acworth, GA 30101

*Please Print or Type or use PDF Writer*  
**GEORGIA DEATH CERTIFICATE**

Full Legal Name of Deceased:				If Female Maiden Name:			
SEX:	Date of Death:	Social Security Number:		AGE :	Date of Birth:		
Place of Birth—City & State:				Residence Address of the Deceased:			
City:	State:	County:	Country :	Zip Code:	Inside City Limits: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Unknown		
Armed Forces: <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Unknown		Occupation:	Nature of Occupation:		Employer:		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed		SPOUSE NAME: <i>(If Widowed we require Spouse)</i> <i>If Female—Name/Maiden Prior to first marriage If Divorced NONE</i>			Spouse Female -Maiden Name		
Father's Name		Mother's Name (Maiden Name)		Highest Level of Education:			
Informant's Name		Relationship	Address: (City, State & Zip)				
Hispanic Origin: <input type="checkbox"/> No, not Spanish-Hispanic Latino <input type="checkbox"/> YES Origin		Decedent's Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Other: _____		<b>For Office Use Only</b>			
Method of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State		Date of Disposition:		PLACE of DEATH: <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing/Long Term <input type="checkbox"/> Scene/Other			
Place of Disposition: <i>(Complete Address is Required)</i>		County of Death		Coroner/ME Contacted			
Name: Address: City, State & Zip:		License #		Time of Death:			
No of Certified Copies		Mail to: <input type="checkbox"/> Informant <input type="checkbox"/> FH		Signed By:			
		Phone #		Fax #			

Out of State Funeral Home/Agency  
Name:  
Address:  
City, State, Zip:  
Phone:

Other Information/Notes:

Fax:

*At Present, Certified Death Certificates Are \$25 for the First Copy & \$5 for Each Additional Copy*