

GEORGIA DEATH CERTIFICATE

A. BIRTH CERTIFICATE NUMBER

B. STATE FILE NUMBER

DECEDENT'S INFORMATION	1. DECEDENT'S LEGAL FULL NAME (FIRST, MIDDLE, LAST)		1a. LAST NAME AT BIRTH (IF FEMALE)		2. SEX	2a. DATE OF DEATH (MO/DAY/YR)		
	3. SOCIAL SECURITY NUMBER		4a. AGE (YEARS)		4b. UNDER 1 YEAR		4c. UNDER 1 DAY	
			MONTHS		DAYS		HOURS	
					MINUTES		5. DATE OF BIRTH (MO/DAY/YR)	
	6. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7a. STREET AND NUMBER OF RESIDENCE		7b. ZIP CODE		7c. CITY OR TOWN OF RESIDENCE	
	7d. COUNTY OF RESIDENCE		7e. STATE OF RESIDENCE		7f. COUNTRY		7g. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
							8. ARMED FORCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	8a. OCCUPATION		8b. NATURE OF BUSINESS		8c. EMPLOYER			
	9. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		10. SPOUSE'S NAME Even if Widowed (IF WIFE, GIVE NAME PRIOR TO FIRST MARRIAGE)		11. FATHER'S NAME (FIRST, MIDDLE, LAST)			
	12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST) Maiden Name		13. DECEDENT'S EDUCATION (HIGHEST LEVEL) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, Med, MSW) <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or professional degree <input type="checkbox"/> Some college credit, but no degree (e.g., MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Unknown				14a. INFORMANT'S NAME (FIRST, MIDDLE, LAST)	
14b. RELATIONSHIP TO DECEDENT		14c. MAILING ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE)						
15. HISPANIC ORIGIN <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____ <input type="checkbox"/> Unknown				16. DECEDENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Samoan <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian/Chamorro <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
17a. IF DEATH OCCURRED IN HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival				17b. IF DEATH OCCURRED OTHER THAN HOSPITAL <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other <input type="checkbox"/> Unknown				
18. FACILITY NAME		19. FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)			20. COUNTY OF DEATH			
DISPOSITION	21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Other		22. PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS) Name of Cemetery: _____ Number & Street: _____ City, State, & Zip: _____			23. DATE OF DISPOSITION (MO/DAY/YR)		
	24a. EMBALMER'S NAME & CERTIFIED INITIALS					24b. LICENSE NUMBER		
	25. FUNERAL HOME NAME Airport Mortuary Shipping Service		25a. FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE) 744 South Central Avenue, Atlanta, Fulton, Georgia 30354					
	26. FUNERAL DIRECTOR'S NAME (PRINT)		26a. SIGNATURE OF FUNERAL DIRECTOR			26b. LICENSE NUMBER		

If being shipped to another state #21 has to be removed from state & #23 will be date removed from state of Georgia.

A death certificate takes about 21 business days to be completed, if it is a coroner's or medical examiner's case it could take 3-6 months.

*****Once we receive we will type death certificate and send you a proof before filing, we must have proof before we can file the death certificate*****

Georgia death certificates are \$25.00 for first, \$5.00 for additional (We must have payment for certificates before ordering)

How many certificate will you need? _____ Send them to: _____
