



## PERMIT FOR DISPOSITION OF HUMAN REMAINS (REVISED 09/2019)

### 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

NAME OF DECEASED			
PLACE OF DEATH (HOSPITAL NAME, OR STREET ADDRESS)		CITY, TOWN, OR LOCATION OF DEATH	
PERMIT NUMBER	DATE OF DEATH	FETAL DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> 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.

SIGNATURE OF FUNERAL DIRECTOR OR AGENT		DATE (MONTH, DAY, & YEAR)
EMAIL ADDRESS	PHONE 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.

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		