

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, medical certifier, and pronouncer.

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.

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Section 1: DECEDENT'S INFORMATION

LEGAL FIRST NAME OF DECEDENT	MIDDLE NAME OF DECEDENT	LAST NAME OF DECEDENT AT BIRTH	LAST NAME OF DECEDENT AT DEATH
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	
ADDRESS OF PLACE OF DEATH (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)			

Was this death referred to the county coroner or medical examiner? ☐ Yes ☐ No

Section 2: NEXT OF KIN'S INFORMATION

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)			
RELATIONSHIP TO DECEASED			

Section 3: PRONOUNCER'S INFORMATION

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	LICENSE NUMBER	

Section 4: FUNERAL HOME'S INFORMATION

NAME OF FUNERAL HOME	
ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)	
E-MAIL ADDRESS	PHONE NUMBER

Section 5: MEDICAL CERTIFIER'S INFORMATION

MEDICAL CERTIFIER'S NAME	MEDICAL CERTIFIER'S SIGNATURE	FAX NUMBER
ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)		
PRIMARY DIAGNOSIS W/ICD10 CODE	SECONDARY DIAGNOSIS	CO-MORBIDITIES
E-MAIL ADDRESS	PHONE NUMBER	