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 — MONTHS / DAYS

4c. UNDER 1 DAY — 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 ☐Yes ☐No ☐Unknown

8. ARMED FORCES ☐Yes ☐No ☐Unknown

8a. OCCUPATION

8b. NATURE OF BUSINESS

8c. EMPLOYER

9. MARITAL STATUS
☐ Married
☐ Married, but separated
☐ Widowed
☐ Divorced
☐ Never Married
☐ Unknown

10. SPOUSE'S NAME
(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)

13. DECEDENT'S EDUCATION (HIGHEST LEVEL)
☐ 8th grade or less
☐ 9th – 12th grade; no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, Med, MSW)
☐ Doctorate (e.g., PhD, EdD) or professional degree (e.g., MD, DDS, DVM, LLB, JD)
☐ 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
☐ No, not Spanish/Hispanic/Latino
☐ Yes, Puerto Rican
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (specify) _____
☐ Unknown

16. DECEDENT'S RACE
☐ White
☐ Black/African American
☐ Samoan
☐ Japanese
☐ Korean
☐ American Indian/Alaska Native
☐ Asian Indian
☐ Vietnamese
☐ Other Asian
☐ Chinese
☐ Native Hawaiian
☐ Other Pacific Islander
☐ Filipino
☐ Guamanian/Chamorro
☐ Other
☐ Unknown

17a. IF DEATH OCCURRED IN HOSPITAL
☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival

17b. IF DEATH OCCURRED OTHER THAN HOSPITAL
☐ Hospice Facility ☐ Nursing Home/Long Term Care Facility ☐ Decedent's Home ☐ Other ☐ Unknown

18. FACILITY NAME

19. FACILITY ADDRESS (STREET AND NUMBER, CITY, STATE, ZIP CODE)

20. COUNTY OF DEATH

DISPOSITION

21. METHOD OF DISPOSITION
☐ Burial ☐ Donation ☐ Removal from State
☐ Cremation ☐ Entombment ☐ Other

22. PLACE OF DISPOSITION (NAME AND COMPLETE ADDRESS)

23. DATE OF DISPOSITION (MO/DAY/YR)

24a. EMBALMER'S NAME & CERTIFIED INITIALS

24b. LICENSE NUMBER

25. FUNERAL HOME NAME

25a. FUNERAL HOME ADDRESS (STREET AND NUMBER, CITY, COUNTY, STATE, ZIP CODE)

26. FUNERAL DIRECTOR'S NAME (PRINT)

26a. SIGNATURE OF FUNERAL DIRECTOR

26b. LICENSE NUMBER

PRONOUNCER

27. DATE PRONOUNCED DEAD (MO/DAY/YR)

28. TIME PRONOUNCED DEATH

29a. PRONOUNCER'S NAME AND TITLE (PRINT)

29b. PRONOUNCER'S LICENSE NUMBER

30. ACTUAL OR PRESUMED TIME OF DEATH

CAUSE OF DEATH

31. Part I. Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.

Approximate interval between onset and death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
A

Due to, or as a consequence of

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
B

Due to, or as a consequence of
C

Due to, or as a consequence of
D

Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

32. WAS AUTOPSY PERFORMED
☐ Yes ☐ No ☐ Unknown

33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☐ No ☐ Unknown

33a. WAS AN INJURY OF ANY KIND INDICATED IN THE CAUSE OF DEATH FOR PART I OR PART II WITH THE DECEDENT
☐ Yes ☐ No ☐ Unknown

34. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER
☐ Yes ☐ No ☐ Unknown

35. TOBACCO USE CONTRIBUTE TO DEATH
☐ Yes
☐ No
☐ Unknown
☐ Probably

36. IF FEMALE
☐ Not Applicable
☐ Not pregnant within the past year
☐ Not pregnant, but pregnant within 42 days of death
☐ Not pregnant, but pregnant 43 days to 1 year before death
☐ Pregnant at the time of death
☐ Unknown if pregnant within the past year

37. MANNER OF DEATH
☐ Accident ☐ Natural
☐ Could not be determined ☐ Pending Investigation
☐ Homicide ☐ Suicide

38. DATE OF INJURY (MO/DAY/YR)

39. TIME OF INJURY

40. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant wooded area)

41. INJURY AT WORK
☐ Yes ☐ No ☐ Unknown

42. LOCATION OF INJURY — STREET AND NUMBER — CITY — STATE — COUNTY — ZIP CODE

43. DESCRIBE HOW INJURY OCCURRED

44. IF TRANSPORTATION INJURY
☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other

CERTIFICATION

45. To the best of my knowledge death occurred at the time, date, place, and due to the cause(s) stated. Medical Certifier (Name, Title, License No.) (PRINT AND SIGN)

45a. DATE SIGNED (MO/DAY/YR)

45b. HOUR OF DEATH

46. On the basis of examination and/or investigation, in my opinion death occurred at the time date, place, and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.) (PRINT AND SIGN)

46a. DATE SIGNED (MO/DAY/YR)

46b. HOUR OF DEATH

47. PERSON COMPLETING CAUSE OF DEATH (NAME, ADDRESS, COUNTY, ZIP CODE)

48. REGISTRAR SIGNATURE (PRINT AND SIGN)

49. DATE FILED (REGISTRAR) (MO/DAY/YR)

Form 3903 (Rev 09/2009)

This certificate does not constitute a certified copy without the appropriate certification on the back.