PERMIT FOR DISPOSITION OF HUMAN REMAINS • FORM 3934 (REVISED 12/2017)

PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Pursuant to 511-1-3-.23 (4) A disposition permit shall not be issued until the cause of death has been certified by a person authorized to do so under DPH Rule 511-1-3-.19(5); authorization given by the decedent's attending physician; or with regard to a body subject to inquiry under Title 45, Chapter 16, Article 2, until the county coroner or medical examiner has given approval for disposition.

Section 1: REQUIRED INFORMATION

NAME OF DECEASED			
PERMIT NUMBER	DATE OF DEATH	FETAL DEATH? ☐ Yes ☐ No	COUNTY OF DEATH OR INTERMENT
PLACE OF DEATH (HOSPITAL, STREET NO, OR INTERMENT (CEMETERY)		CITY, TOWN, OR LOCATION OF DEATH OR INTERMENT	COUNTY
NAME OF CERTIFYING PHYSICIAN, CORONER, OR MEDICAL EXAMINER (NOT USED FOR DISINTERNMENT OR REINTERMENT)		CERTIFIER'S ADDRESS (NOT USED FOR DISINTERNMENT OR REINTERMENT)	
NAME OF FUNERAL HOME	LICENSE NO.	FUNERAL HOME ADDRESS (CITY, STATE, & ZIP CODE)	

METHOD OF DISPOSITION

- ☐ Cremation
- ☐ Donation
- ☐ Other _____
- ☐ Disinterment/Reinterment
- ☐ Removal from State
- ☐ Date of Disposition OR Reinterment _____

NAME & ADDRESS OF DISPOSITION OR REINTERMENT SITE (CITY, STATE, ZIP CODE, & COUNTY)

Section 2: SIGNATURES

Attestation for County Registrar or Deputy Registrar

I, _____, hereby attest that I have obtained assurance from the 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 fetal death; or, that I have notified the coroner or medical examiner if the cause comes within his or her jurisdiction or, if the physician cannot certify the cause of death, 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. Or, I am signing and issuing this disposition permit, based on a disinter/reinter written application signed jointly by the person who is in charge of the disinterment. Furthermore, I am signing and issuing this disposition permit, to the best of my knowledge, and if I knowingly provide false information on this disposition permit, I understand I am subject to a fine or imprisonment, or both, under Title 31.10.31 and may be reported to the regulatory board governing my license.

SIGNATURE OF / REGISTRAR OR DEPUTY REGISTRAR	DATE (MONTH, DAY, & YEAR)
PRINTED NAME OF REGISTRAR OR DEPUTY REGISTRAR	LICENSE NUMBER
PROFESSIONAL TITLE, ORGANIZATION, & ORGANIZATION ADDRESS OF REGISTRAR OR DEPUTY REGISTRAR	

COWETA COUNTY
Attestation for Cause of Death Form

Re: _____ Date of Death:_____
(Name of Deceased)

Place of Death:_____

I, _____, of _____

Funeral Home/Mortuary,_____
(Physical Address)

_____ hereby attest that I have: (initial applicable portion)
(Phone Number)

_____ Obtained assurance from the 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 fetal death.

Name of Physician:_____

Date spoken to:_____ Time spoken to:_____

_____Obtained assurance from the coroner or medical examiner having jurisdiction over the death that he or she will assume responsibility for certifying the cause of death and said coroner/medical examiner has given approval for disposition including cremation, donation or transit across state lines.

Name of Coroner/ME Investigator:_____

Date spoken to:_____ Time spoken to:_____

_____Obtained a pronouncement of death form (***copy of form must be attached***) from the facility in charge of the deceased's medical care, complete with the name of the physician who will certify the cause of death.

If I knowingly provide false information to obtain this disposition permit, I understand that I am subject to a fine, imprisonment, or both under Title 31.10.31 and may be reported to regulatory board governing my license.

_____ _____
Funeral Director/Mortuary Printed Name Date

_____
Funeral Director/Mortuary Signature