Byrd & Flanigan
Crematory & Funeral Service

288 Hurricane Shoals Rd NE, Lawrenceville, GA 30046
Office: 770-962-2200 | Fax: 770-962-2002 | Email: BYRDANDFLANIGAN@GMAIL.COM

GEORGIA DEATH CERTIFICATE INFORMATION

DECEDENT, FAMILY & INFORMANT

1. Full Legal Name
(As on Social Security Card, if applicable)

2. Maiden Name
(Last Name at Birth if Female)

3. Sex **4. Date of Death** **5. Date of Birth**
- - - -

6. Social Security Number **7. Age**
- -

8. Place of Birth - State or Country

9. Residence Address
(Include Apartment Number if applicable)

10. City **11. State** **12. ZIP Code**

13. County **14. Country**

15. Residence Inside City Limits?
☐ Yes ☐ No

16. Armed Forces? **17. Branch of Service**
☐ Yes ☐ No ☐ Retired

18. Occupation **19. Industry**

20. Marital Status

21. Name if Married or Widowed

22. Spouse Last Name at Birth
(If Female)

23. Father's Full Name

24. Mother's First and Last Name at Birth

25. Highest Education Level

26. Informant Full Name

27. Relationship to Deceased

28. Informant Phone Number & Email Address
- -

29. Informant Address
(Street, City, State and ZIP)

DISPOSITION & ADDITIONAL INFORMATION

30. Hispanic / Latino Origin
☐ Yes If Yes ☐ No

31. Race

Other Asian (Specify) **Other (Specify)**

32. Place of Disposition - Name
LAWRENCEVILLE CREMATORY

33. Disposition Address
288 HURRICANE SHOALS ROAD NE
LAWRENCEVILLE GA 30046

34. Number of Certified
Death Certificates
$25.00 first copy
$5.00 each additional copy

35. Mail Certified Death Certificates To
(UPS charge at cost)

36. ☐ Yes - Pickup at Funeral Home (Death Certificates)

37. Who to Release Death Certificates To

38. Is the Patient Under Hospice?
☐ Yes ☐ No **39. Hospice Provider Name**

CREMATION INFORMATION
FOR FUNERAL HOME USE ONLY

40. Date of Disposition **41. Cremation Disc #**

42. Funeral Home Case Number

FOR FUNERAL HOME USE ONLY

43. Place of Death

44. Name of Facility **45. County of Death**

46. Coroner / Medical Examiner Contacted?
☐ Yes ☐ No

47. Pronounced By **48. Lic. No.**

49. Time of Death **50. Signed By**

51. Phone Number **52. Fax Number**
- - - -

53. GAVERS ☐ Yes ☐ No

54. Funeral Director **55. Lic. No.**

56. Embalmer **57. Lic. No.**