

CERTIFICATE OF CREMATION

The undersigned Funeral Director of the duly licensed crematory certifies that the remains of _____ have been cremated at _____, a crematory licensed by the Georgia State Board of Funeral Service (“Board”) and located in the City of _____, State of Georgia. Furthermore, the undersigned certifies that the remains of _____ were cremated in accordance with the Laws and Rules and Regulations of the Board.

The undersigned Funeral Director also certifies that the following information was delivered to the crematory by _____, a person duly authorized to care for the remains of the deceased:

Name of the Deceased: _____;
Social Security Number: _____
Date of Death: _____ County _____ State _____
Serial Number of any Prosthesis removed from the Deceased (if any): _____
Type of Prosthesis: _____

Finally, the undersigned certifies that he/she is the Funeral Director of the crematory in charge of the final disposition of the deceased and that the vessel contains substantially the remains of the deceased identified in accordance with O.C.G.A. § 43-18-8(a)(1). Furthermore, the undersigned certifies that the remains are being released to _____, a person legally authorized to accept the remains.

Sworn (or affirmed) before me,
This ____ day of _____, _____.
My commission expires:

Signature of Funeral Director

Print Name

License Number