



GREG BAKER

Tax Commissioner



**6200 Fairburn Road
Douglasville, Ga. 30134**

**Tax (770) 920-7272, Tag (770) 949-2309
Fax (678) 449-3932**

**Sharon Jackson
Chief Deputy
Tax Commissioner**

**Homestead Division
Physician's Disability Certification**

CLAIMANT'S NAME _____

ADDRESS _____

PARCEL ID# _____ PHONE# _____

This is to certify that in my opinion _____ (patient's name) is mentally or physically incapacitated to the extent that he/she is unable to be gainfully employed and that such incapacity is likely to be permanent.

I further certify that I am licensed to practice medicine under Chapter 34 of Title 43 of the O.C.G.A., relative to medical practitioners, as now or hereafter amended.

I understand that a representative from the Douglas County Assessors' Office may contact my office to verify this information.

Doctor's Name (Please Print)

Doctor's Signature

Office Address

Office Phone Number

Sworn to and subscribed before me
this _____ day of _____, 20_____.

Notary Public
My commission expires: _____
Created August 18, 2025

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