



EAST BATON ROUGE PARISH CORONER'S OFFICE

Request for Cremation

Funeral Home			
Phone		Fax	
Name of Decedent		Last	First
		Middle	
Address of Decedent		Number	Street
		City	State
			Zip
Age		Date of Birth	
Race		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Death		Time of Death	
Social Security Number			
Location of Death		Coroners Case	<input type="checkbox"/> Yes <input type="checkbox"/> No
Decedent Body ever in possession by the Coroner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Autopsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Autopsy performed by			
Cause of Death			
Crematory			
PRINTED Name of Authorizing Agent			
Coroner's Case Cremation Permit Fee:	\$50	Non-Coroner's Case Cremation Permit Fee	\$100

THIS IS TO CERTIFY THAT THE AUTHORIZING AGENT, AFTER A VIEWING OF THE REMAINS, HAS POSITIVELY IDENTIFIED THE BODY OF _____,

THUS MEETING THE REQUIREMENTS OF LA. R.S. 37:877. WE, THE UNDERSIGNED DO HEREBY RELEASE AND RELIEVE THE OFFICE OF THE CORONER FOR EAST BATON ROUGE PARISH FROM ANY LIABILITY FROM ANY MISIDENTIFICATION IN THIS MATTER.

Signature of Authorizing Agent		Date
WITNESSED BY:		
Funeral Director Signature		Date
Funeral Director Name		