



EAST BATON ROUGE PARISH CORONER'S OFFICE

Request for Cremation

Form with fields for Funeral Home, Phone, Fax, Name of Decedent (Last, First, Middle), Address of Decedent (Number, Street, City, State, Zip), Age, Date of Birth, Race, Gender, Date of Death, Time of Death, Social Security Number, Location of Death, Coroners Case, Decedent Body ever in possession by the Coroner, Autopsy, Autopsy performed by, Cause of Death, Crematory, PRINTED Name of Authorizing Agent.

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.