



## 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			
<small>Any request for the cremation of a body and issuance of a Cremation Permit will require the payment of \$50 for Coroner Cases (LA R.S. 13:5713) and \$100 for Non-Coroner Cases, after investigation is complete in compliance with LA R.S. 13:5716.</small>			

**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
<b>WITNESSED BY:</b>		
Funeral Director Signature		Date
Funeral Director Name		