

**UNION PARISH
OFFICE OF THE CORONER
LEAH HARRIS, CORONER**

Request for Cremation

Funeral Home: _____

Phone: _____ Fax: _____

Decedent: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Age: _____ Date of Birth: _____ Race: _____ Male/Female

Social Security Number: _____

Date of Death: _____ Time of Death: ___:___ am/pm

Location of Death: _____

Coroner' Case: Yes No

Printed Name of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Relationship of Authorizing Agent to Decedent: _____

THIS IS TO CERTIFY THAT THE AUTHORIZING AGENT, AFTER A VIEWING OF THE DECEDENT'S BODY, HAS POSITIVELY IDENTIFIED THE BODY AS THE ABOVE REFERENCED DECEDENT, THUS MEETING THE REQUIREMENTS OF LA.R.S. 37:877. WE, THE UNDERSIGNED, DO HEREBY RELEASE AND RELIEVE THE OFFICE OF THE CORONER OF OUACHITA PARISH FROM ANY LIABILITY FROM ANY MISIDENTIFICATION IN THIS MATTER.

Funeral Director Name: _____

Funeral Director Signature: _____