

**CORONER  
PARISH OF ASCENSION**

P.O. Box 10  
Brittany, La. 70718  
Phone: (225) 644-4743  
Fax: (225) 644-1202  
**\*Fax: (225)-374-9105**

**Request for Cremation**

Funeral Home:		
Phone:	Fax:	E-mail:

Name of Decedent:	Last	First	Middle
Address of Decedent:	Number	Street	City State Zip
Age:	Date of Birth:		
Race:	Gender:	Male	Female
Date of Death:	Time of Death:		
Social Security Number:	If Hospice Pt., Name of Agency:		
Location of Death:	Coroners Case:	Yes	No
Decedent Body ever in possession by the Coroner	Yes	No	
Autopsy:	Yes	No	Autopsy performed by:
Cause of Death:			
Crematory:	Address of Crematory:		
PRINTED Name of Authorizing Agent:	Relationship to Decedent:		
Coroner's Case Cremation Permit Fee:	Non-Coroner's Case Cremation Permit Fee:		

**THIS IS TO CERTIFY THAT 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 ASCENSION 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:	