



EAST BATON ROUGE PARISH CORONER'S OFFICE
Request For Cremation

Funeral Home		Church Funeral Services & Crematory			
Phone	(225) 644-9683		Fax	(225) 644-9685	
Name of Decedent		<div style="display: flex; justify-content: space-between; padding: 0 10px;"> Last First Middle </div>			
Address of Decedent		<div style="display: flex; justify-content: space-between; padding: 0 10px;"> Number Street City State Zip </div>			
Age			Date of Birth		
Race			Gender		
Date of Death				Time of Death	
Location of Death					
Social Security Number				Coroners Case	Yes No
Decedent Body ever in possession by the coroner		Yes No		Autopsy	Yes No
Autopsy performed by					
Cause of Death					
Crematory		Church Funeral Services & Crematory			
PRINTED Name of Authorizing Agent					
Coroner's Case				Non-Coroner's Case	
Cremation Permit Fee:				Cremation Permit Fee:	

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				