OFFICE OF THE CORONER LIVINGSTON PARISH DR. RON COE, CORONER

P.O. Box 1507, Livingston, LA 70754 225.686.3980 Fax: 225.686.3979



REQUEST FOR CREMATION

FUNERAL HOME: CHURCH FI					
PHONE: (225) 644-9683		FAX: _	(225) 644	-9685	
NAME OF DECEDENT:					
		First			
ADDRESS OF DECEDENT: AGE:DOB:					
AGE:DOB:	SEX:		RA	ACE:	
COCIAI CECHDITY NHMDED	_				
DATE OF DEATH:		TIME OF DE	ATH:		_
LOCATION OF DEATH:					
LOCATION OF DEATH:YE	SN	O INVESTI	GATOR: _		
DECEDENT BODY EVER IN PO	OSSESION	BY CORON	ER:	YES	_NO
AUTOPSY:YESN					
CAUSE OF DEATH:					
CREMATORY: Church Funer	al Services of	& Crematory			
THIS IS TO CERTIFY THAT TO VIEWED THE BODY OF POSITIVELY IDENTIFIED TH LA. R.S. 37:877. WE, THE UNDIOFFICE OF THE CORONER FOR FOM ANY MISIDENTIFICAT	E REMAIN ERSIGNED OR LIVING	NS THUS MEI DO HEREB GSTON PARIS	ETING THE Y RELEASI SH FROM A	REOUIREN E AND RELI	AND HAS MENTS OF LEVE THE
AUTHORIZING AGENT SIGNA	ATURE:				
AUTHORIZING AGENT NAME	E:				
FUNERAL DIRECTOR SIGNA	TURE:				
FUNERAL DIRECTOR NAME:					
DATE.					