

OFFICE OF THE CHIEF MEDICAL EXAMINER  
 CREMATION PERMIT APPLICATION (CME-19P)  
 STATE OF OKLAHOMA--BOARD OF MEDICOLEGAL INVESTIGATIONS

**APPLICATION**

FULL NAME OF DECEDENT --	First	Middle	Last	AGE	DATE OF BIRTH	RACE	SEX
RESIDENCE ADDRESS --	Street and Number		City or Town		County		State
LOCATION OF DEATH -- (If not in either, give address)	Hospital or Other Institution		City or Town		County		DATE OF DEATH
						TIME OF DEATH	
APPLICANT -- (Typed or Printed Name)			ADDRESS OF APPLICANT			RELATIONSHIP TO DECEASED	
FUNERAL DIRECTOR IN CHARGE OF ARRANGEMENTS				NAME AND LOCATION OF CREMATORY OR OTHER FACILITY			
DISPOSITION OF REMAINS -- Cremation, burial at sea, storage, or other (specify)							

I hereby certify that I am the person having the legal authority to dispose of the remains of the above-named decedent and that the application is made herewith for permission to dispose of the body.

WITNESS (Signature) \_\_\_\_\_ APPLICANT (Signature) \_\_\_\_\_

**PERMIT BY MEDICAL EXAMINER**

**\* PERMIT NUMBER:** \_\_\_\_\_  
 (Not valid without number assigned by Office of the Chief Medical Examiner)

**RECEIPT NUMBER** \_\_\_\_\_

I hereby certify that I have investigated the death of the above-named individual in accordance with the provisions of Title 63 OS 1971, Sections 931-955, as amended. In my opinion, the cause of death is: \_\_\_\_\_

and the manner of death is:      Natural                  Pending  
    Suicide                      Accident  
    Homicide                 Unknown

In accordance with Title 63 OS 1971, Section 1-329, as amended, permission for disposal is hereby granted.

\* THIS PERMIT IS ~~NOT REQUIRED~~ FOR TRANSPORT OUT OF STATE

DATE \_\_\_\_\_ COUNTY OF APPOINTMENT \_\_\_\_\_ MEDICAL EXAMINER (Signature) \_\_\_\_\_

**VALID ONLY WITH ASSIGNED PERMIT NUMBER AND WITH SIGNATURE OF MEDICAL EXAMINER**

**FUNERAL DIRECTOR INSTRUCTIONS**

1. Complete upper portion of application including necessary signatures.
2. FAX cremation application and information sheet to the appropriate medical examiners office. I.E. Oklahoma City or Tulsa. ***If FAX is not available, contact appointed office for instructions.***
3. The medical examiners office will complete the application, including the permit number and doctors signature.
4. The medical examiners office will FAX the funeral home the completed cremation application.
5. The funeral home may proceed with cremation and present the completed facsimile cremation form to crematory.
6. The medical examiners office will mail the funeral home the original death certificate and a copy of the cremation permit to be filed with the local registrar.
7. The funeral home is required to submit the \$100.00 fee to the appropriate medical examiners office within 48 hours. **PLEASE INDICATE DECEDENTS NAME AND PERMIT NUMBER WITH PAYMENT.**

NOTE: ALL CREMATIONS ARE INVESTIGATED BY THE MEDICAL EXAMINERS OFFICE I.E. OKLAHOMA CITY OR TULSA. DO NOT CONTACT LOCAL MEDICAL EXAMINERS

This form may be reproduced by the funeral home.