Timothy Collins, MD
Coroner

Steven Clanton
Chief Deputy Coroner

State of Louisiana

Office of the Coroner ⚜ Parish of Natchitoches

REQUEST FOR CREMATION

Funeral Home: _____

Phone: _____ Fax: _____

Decedent Information:

Name: _____

Last First Middle

Address: _____City: _____St:_____Zip:_____

Age: _____ Date of Birth: _____/_____/_____ Race: _____ Gender: _____

Social Security Number: _____-_____-_____

Date of Death: _____/_____/_____ Time of Death: _____: _____

Location of Death: _____

Coroner's Case? Yes or No Autopsy? Yes or No If yes by whom: _____

Crematory: _____

Name of Authorizing Agent: _____Relationship: _____

Signature of Authorizing Agent: _____Date:_____/_____/_____

THIS IS TO CERTIFY THAT THE AUTHORIZING AGENT, AFTER VIEWING THE REMAINS, HAS POSITIVIELY IDENTIFIED THE BODY OF, _____, THUS MEETING THE REQUIREMENTS OF LA. R.S. 37:877. WE THE UNDERSIGNED TO HEREBY RELEASE AND RELIEVE THE OFFICE OF THE CORONER FOR NATCHITOCHES PARISH FROM ANY LIABILITY FROM ANY MISIDENTIFICATION IN THIS MATTER.

Funeral Director Name: _____

Funeral Director Signature: _____ Date: _____/_____/_____

Cremation Authorization Fee: $100.00

P.O. Box 1128 • 203 Saint Denis Street Rm 116 • Natchitoches, Louisiana 71457
Phone #: (318) 357-2260 Fax#: (318)357-2261 Web: www.natchitochescoroner.org