

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 POSITIVELY 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 NATCHITOCHE PARISH FROM ANY LIABILITY FROM ANY MISIDENTIFICATION IN THIS MATTER.**

Funeral Director Name: \_\_\_\_\_

Funeral Director Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cremation Authorization Fee: \$100.00