

ASCENSION PARISH

REQUEST FOR CREMATION

Church Funeral Services & Crematory
13250 Hwy 431

FUNERAL HOME: Saint Amant, LA 70774 SPOKE WITH: _____

TELEPHONE: (225) 644-9683 FAX: (225) 644-9685

NAME OF DECEASED: _____ AGE: _____

ADDRESS OF DECEASED: _____

DATE OF BIRTH: _____ RACE/SEX: _____ SSN: _____

DATE OF DEATH: _____ TIME: _____ PLACE OF DEATH: _____

AUTOPSY: YES ___ NO ___ PERFORMED BY: _____ DATE: _____

CORONER'S CASE: YES ___ NO ___ INVESTIGATED BY: _____

TREATING PHYSICIAN: _____ PHONE#: _____

CAUSE OF DEATH _____

CREMATORY: **Church Funeral Sevices & Crematory** Other _____

13250 Hwy 431
Saint Amant, LA 70774-3211

In Accordance with Louisiana law, I have identified the body presently at Church Funeral Services & Crematory as that of _____ I am _____

to the deceased and request that the facility move forward with cremation of the body.

Funeral Home Representative

Date

Signature of person making identification & relationship to deceased

Date

Printed name of person making identification & relationship to deceased