



**EAST BATON ROUGE PARISH CORONER'S OFFICE**  
**Request For Cremation**

Funeral Home		Church Funeral Services & Crematory			
Phone	(225) 644-9683	Fax	(225) 644-9685		
Name of Decedent		Last First Middle			
Address of Decedent		Number Street City State Zip			
Age	Date of Birth				
Race	Gender				
Date of Death		Time of Death			
Location of Death					
Social Security Number		Coroners Case		Yes	No
Decedent Body ever in possession by the coroner		Yes	No	Autopsy	Yes No
Autopsy performed by					
Cause of Death					
Crematory		Church Funeral Services & Crematory			
PRINTED Name of Authorizing Agent					
Coroner's Case Cremation Permit Fee:		Non-Coroner's Case Cremation Permit Fee:			

**THIS IS TO CERTIFY THAT THE AUTHORIZING AGENT, AFTER A VIEWING OF THE REMAINS, HAS POSITIVELY IDENTIFIED THE BODY OF \_\_\_\_\_,**  
**THUS MEETING THE REQUIREMENTS OF LA. R.S. 37:877. WE, THE UNDERSIGNED DO HEREBY RELEASE AND RELIEVE THE OFFICE OF THE CORONER FOR EAST BATON ROUGE PARISH FROM ANY LIABILITY FROM ANY MISIDENTIFICATION IN THIS MATTER.**

Signature of Authorizing Agent		Date
<b>WITNESSED BY:</b>		
Funeral Director Signature		Date
Funeral Director Name		