

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