

**WEST FELICIANA PARISH CORONER'S OFFICE**  
**Request for Cremation**

Funeral Home:		Funeral Home Address:			
Phone		Fax			
Email					
Name of Decedent		Last	First	Middle	
Address of Decedent		Number	Street	City	State Zip
Age	Date of Birth				
Race	Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Death		Time of Death			
Social Security Number					
Location of Death		Coroners Case		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Decedent Body ever in possession by the Coroner		<input type="checkbox"/> Yes <input type="checkbox"/> No		Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No	
Autopsy performed by					
Cause of Death					
Crematory					
PRINTED Name of Authorizing Agent					
Coroner's Case Cremation Permit Fee:	\$75	Non-Coroner's Case Cremation Permit Fee	\$100		

**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 WEST FELICIANA 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 (please print)		