

OFFICE OF THE CORONER
LIVINGSTON PARISH
DR. RON COE, CORONER
P.O. Box 1507, Livingston, LA 70754
225.686.3980 Fax: 225.686.3979



REQUEST FOR CREMATION

FUNERAL HOME: _____
PHONE: _____ FAX: _____
NAME OF DECEDENT: _____
Last First Middle
ADDRESS OF DECEDENT: _____
AGE: _____ DOB: _____ SEX: _____ RACE: _____
SOCIAL SECURITY NUMBER: _____ - _____ - _____
DATE OF DEATH: _____ TIME OF DEATH: _____
LOCATION OF DEATH: _____
CORONER'S CASE: _____ YES _____ NO INVESTIGATOR: _____
DECEDENT BODY EVER IN POSSESSION BY CORONER: _____ YES _____ NO
AUTOPSY: _____ YES _____ NO PERFORMED BY: _____
CAUSE OF DEATH: _____
CREMATORY: _____

THIS IS TO CERTIFY THAT THE AUTHORIZING AGENT HAS PERSONALLY VIEWED THE BODY OF _____ AND HAS POSITIVELY IDENTIFIED THE REMAINS THUS MEETING THE REQUIREMENTS OF LA. R.S. 37:877. WE, THE UNDERSIGNED DO HEREBY RELEASE AND RELIEVE THE OFFICE OF THE CORONER FOR LIVINGSTON PARISH FROM ANY LIABILITY FROM ANY MISIDENTIFICATION IN THIS MATTER.

AUTHORIZING AGENT SIGNATURE: _____

AUTHORIZING AGENT NAME: _____

FUNERAL DIRECTOR SIGNATURE: _____

FUNERAL DIRECTOR NAME: _____

DATE: _____