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: Church	Funeral Servi	ces & Cremato	rv	
PHONE: (225) 644-9683		FAX:	(225) 644-9685	
NAME OF DECEDENT:				
	Last	First	Middle	
ADDRESS OF DECEDENT:				
AGE: DOB:		SEX:	RACE:	
SOCIAL SECURITY NUMBER	CR:			
SOCIAL SECURITY NUMBER DATE OF DEATH:		TIME OF DEA	TH:	
LOCATION OF DEATH:				
CORONER'S CASE:Y				
DECEDENT BODY EVER IN				
AUTOPSY:YES				
CAUSE OF DEATH:				
CREMATORY: Church Fun	eral Services	& Crematory		
THIS IS TO CERTIFY THAT VIEWED THE BODY OF _ POSITIVELY IDENTIFIED T LA. R.S. 37:877. WE, THE UN OFFICE OF THE CORONER FROM ANY MISIDENTIFICATION.	THE REMAIN DERSIGNED FOR LIVING	IS THUS MEE DO HEREBY SSTON PARIS	TING THE REOUIREM RELEASE AND RELI	AND HAS MENTS OF EVE THE
AUTHORIZING AGENT SIG	NATURE:			
AUTHORIZING AGENT NAM	ME:			
FUNERAL DIRECTOR SIGN	ATURE:			_
FUNERAL DIRECTOR NAM	E:			
DATE:				