EXAMPLE ALL FIELDS MUST BE COMPLETED

Request for Cremation



Jefferson County Coroner/Medical Examiner's Office 1515 6th Avenue South, Suite 220

Birmingham, Alabama 35233 Office: (205) 930-3603 (205) 930-3595 Fax:

For office use only.	
M.E. case#:	
Date/Time received:	
Employee's name:	

To: Coroner	/Medical Examin	er's Office, Jeffers	on County, Alabama			
Date: date r	equest submitted	d				
REQUEST T	O CREMATE TH	E BODY OF (full	name):	Middle	Last	
Age:	Race:	Sex:	Date of Birth:	S	SN:	
Date of Dea	th:	Time of De	ath:			
Place of Death (facility name/address): Name or describe location (ex: home, hospital, nursing home)						
					Zip:	
Next of Kin: Relationship:						
					Zip:	
Phone:	e: Phone:					
is suspicion of criminal violence or criminal neglect, when death occurs in suspicious or unusual circumstances, when deaths are thought to result from trauma or violence, in any prison or penal institution, or when in police custody; whether the cause is known or suspected, primary or contributory, or recent, delayed, or remote. Doctor Certifying the Death:name of doctor completing the death certificatePhone:						
	•					
Address:		Ci	ty:	State:	Zip:	
Circumstances Surrounding Death (e.g. disease, injury/trauma, motor vehicle collision, suspected overdose, etc.):						
(example: History of hypertension and strokes, fell and hit head day before death).						
Manner of Death: (Natural, Accident, Homicide, Suicide, Unknown): Natural						
Cause of Death: (example: Complications of cerebrovascular accident)						
Mortuary: _	Primary mortua	ary handling final o	lisposition	Phone:		
Address:		C	ty:	State:	Zip:	
			ner's name authorizing			
			ify that the information uired to certify the info			
Director:	Funeral Director r	name print Sig	n: <u>Funeral Director s</u>	signature D	ate:signature date	
Next of Kin:	Next of Kin na	me print Si	gn: Next of Kin signa	ture [Date: signature date	

Prior to submitting this form you must contact a Deputy Coroner for approval at (205) 930-3603. Upon authorization, complete the entire form and fax to (205) 930-3595.