

# Alabama Uniform Cremation Request



This request for cremation shall only be made to the Coroner of the county where the sequence of events began that ultimately resulted in the death.

Date: \_\_\_\_\_ To the Coroner of \_\_\_\_\_ County

REQUEST TO CREMATE THE BODY OF (full name): \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Time of Death: \_\_\_\_\_

Place of Death (facility name/address): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorizing Agent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Person Certifying Death: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Facility/Practice Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Manner of Death (if known): \_\_\_\_\_

Cause of Death (if known): \_\_\_\_\_

Circumstances Surrounding Death (e.g. disease, injury/trauma, motor vehicle collision, suspected overdose, etc.): \_\_\_\_\_

HOSPICE DEATH  INPATIENT DEATH  HOME DEATH  CORONER CASE

Mortuary: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Pursuant to Code of Alabama 22-9A-16, I certify that the information contained herein is true and accurate.**

Funeral Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Typing name in Signature line constitutes signature

Authorization Reply via Email or Fax to : \_\_\_\_\_

**FOR ME/CORONER USE ONLY**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

ME/Coroner Authorizing Cremation: \_\_\_\_\_

Date: \_\_\_\_\_ Time Approved: \_\_\_\_\_

Signature: \_\_\_\_\_