OFFICE OF THE CORONER

Todd G. Thoma M.D. FACEP, D-ABDMI, Coroner

Parish of Caddo • State of Louisiana

2900 Hearne Avenue • Shreveport, LA 71103

Request and Authorization for Cremation

Email this completed form to: cpcocremations@caddocoroner.com

Decedent Full Name: _____

Last **First** **Middle**

Decedent Address: _____

Street **City** **State** **Zip**

Decedent Age: _____ **Decedent Date of Birth:** _____ **Decedent Race:** _____ **Male** ☐ **Female** ☐

Decedent Social Security Number: _____

Decedent Date of Death: _____ **Decedent Time of Death:** _____: _____am/pm

Location of Death: _____

Address, or Facility name required

Coroner's Case: Yes ☐ No ☐

Printed Name of Authorizing Agent: _____

Signature of Authorizing Agent: _____

Relationship of Authorizing Agent to Decedent: _____

THIS IS TO CERTIFY THAT THE AUTHORIZING AGENT, AFTER A VIEWING OF THE DECEDENT'S BODY, HAS POSITIVELY IDENTIFIED THE BODY AS THE ABOVE REFERENCED DECEDENT, THUS MEETING THE REQUIREMENTS OF LA.R.S. 37:877. WE, THE UNDERSIGNED, DO HEREBY RELEASE AND RELIEVE THE OFFICE OF THE CORONER OF CADDO PARISH FROM ANY LIABILITY FROM ANY MISIDENTIFICATION IN THIS MATTER. THIS FORM MUST BE SIGNED BY THE PROPER RELATIVE OR LEGAL REPRESENTATIVE OF THE DECEASED, TOGETHER WITH THE CREMATION PERMIT FROM THE BUREAU OF VITAL STATISTICS.

Funeral Home: _____

Phone: _____ **Fax:**_____**Email:**_____

Funeral Director Name: _____**Funeral Director Signature:** _____

AUTHORITY TO CREMATE

I, _____ Coroner, for the Parish of CADDO, State of LA, do hereby certify that an autopsy ___was performed OR ___was not performed on the body of the above named decedent, whose death occurred on the date identified above in the city of _____, State of LA and certify that said body may be lawfully cremated.

Given under my hand this _____day of _____, 20____

Signature_____ City of Shreveport, State of LA.