

# Request for Cremation



Jefferson County Coroner/Medical Examiner's Office  
1515 6<sup>th</sup> Avenue South, Suite 220  
Birmingham, Alabama 35233  
Office: (205) 930-3603  
Fax: (205) 930-3595

For office use only.

M.E. case number: \_\_\_\_\_

Date/Time received: \_\_\_\_\_

To: Coroner/Medical Examiner's Office, Jefferson County

REQUEST TO CREMATE THE BODY OF: \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Place of Death: \_\_\_\_\_

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

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Doctor Certifying the Death: \_\_\_\_\_

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

Cause and Manner of Death: \_\_\_\_\_

Funeral Home / Crematory: \_\_\_\_\_

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

Coroner: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Pursuant to Code of Alabama 22-9A-16, I certify that to the best of my knowledge the above listed information is true and accurate.**

Funeral Director (print): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact a Deputy Coroner for approval at (205) 930-3603, prior to submitting the form.**

**Upon authorization, complete the entire form and fax to (205) 930-3595.**