

# 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#: \_\_\_\_\_

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

Employee's name: \_\_\_\_\_

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

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

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: \_\_\_\_\_

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

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

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

**Pursuant to Code of Alabama 45-37-60 and 22-9A-14, the coroner's office should immediately be notified if there 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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

Manner of Death: (Natural, Accident, Homicide, Suicide, Unknown): \_\_\_\_\_

Cause of Death: \_\_\_\_\_

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

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

Coroner authorizing cremation (name): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Pursuant to Code of Alabama 22-9A-16, I certify that the information contained herein is true and accurate (The director and the next-of-kin are both required to certify the information contained within this request).**

Director: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Sign: \_\_\_\_\_ 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.**