



Please EMAIL all forms to ADFS, do not FAX for Clarity Purposes

Weekends and State Holidays-Cremation permits will not be issued. To prevent delays during this time please submit all request via email before 11am on Fridays, and before 11am one business day before state holidays.

Permission to Cremate

(Please Type Information, Do not Write to Prevent Delays)

Decedent's First Name	Last Name	Date of Birth	Soc Sec #	Race	Sex

Home Address	City	Zip Code

Date of Death	Time Pronounced	County of Death	County of Injury
	a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		

Address of Death	City	Zip Code

Name of Funeral Home or Crematorium

Address of Funeral Home or Crematorium	City	Zip Code

Contact Person (Funeral Home)	Phone	Return Email address for Permit, no FAX

Date Request Submitted to ADFS	Time Submitted	Method of Submission
		Web <input type="checkbox"/> Email <input type="checkbox"/> In person <input type="checkbox"/>

Primary Physicians Response to the ME for Permission to Cremate

(Please return your response to the funeral home via fax # _____)

The above funeral home requests permission to cremate from the Medical Examiner's Office. It is to our understanding that a doctor's at your facility will sign the death certificate. Please have the doctor complete the information below. Return the form to the fax number provided by the funeral home. Please return within 1-2 business days expedite the cremation process, and help the family bring closure to their loved ones death.

I, Dr. _____ will sign the death certificate for the above listed decedent. The death certificate will list the following underlying cause(s) of death.

- A. _____
- B. _____
- C. _____

Physician's Signature: _____ **Date:** _____

Physician's Office Number _____, Fax Number _____