



Carbon County Coroner's Office

Robert Miller, Coroner | Gerald D. Jones, Jr., Chief Deputy Coroner
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Cremation Authorization Form

Anatomical Gift Donation Request

MUST BE FILLED OUT COMPLETELY

Decedent Information	First Name: _____ M.I. ____ Last Name: _____ Date of Birth: _____ Age: _____
	Mailing Address: _____ County: _____
	City: _____ State: _____ Zip: _____ Municipality: _____
	Social Security Number: _____ Race: _____ Marital Status: _____

Death Information	Place of Death: _____ Date of Death: _____ Time of Death: _____
	County of Death: _____ City/State/Zip of Death: _____
	Cause of Death: (a): _____
	(b): _____
	(c): _____
	(d): _____
Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Pending Investigation	
Certifier of Death: _____ <input type="checkbox"/> Physician <input type="checkbox"/> Coroner Phone Number: (____) _____	
Address: _____	

Funeral Home Information	Informant First Name: _____ M.I. ____ Last Name: _____
	Relationship: _____ Informant's Phone Number: (____) _____
	Funeral Home: _____ Phone: (____) _____ Fax: (____) _____
	Address: _____ Email: _____
	Cremation Facility Name: _____
	Cremation Facility Address: _____
Person requesting Cremation Authorization: _____ Position: _____	

Authorization	{Coroner's Office Staff Use Only}		
	Date: _____ Time: _____ Authorization #: _____		
	Date of Authorization: _____ Time of Authorization: _____ Authorized by: _____		
	Date Entered: _____ Date Billed: _____ Date Paid: _____		