



CREMATION AUTHORIZATION APPLICATION FORM
FAX: (570) 496-7722

Phone: (570) 963-6100
Fax: (570) 963-6665

NAME OF DECEASED: _____

ADDRESS: _____

PLACE OF DEATH: _____

DATE OF DEATH: _____ TIME OF DEATH: _____

RACE: _____ DOB: _____ AGE: _____ GENDER: _____

MANNER OF DEATH: () NATURAL () HOMICIDE () SUICIDE () ACCIDENTAL () PENDING () UNDETERMINED

PRIMARY CAUSE OF DEATH:

A.) _____

B.) _____

C.) _____

OTHER SIGNIFICANT CONDITIONS: _____

DEATH CERTIFIED BY: _____

FUNERAL HOME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

METHOD OF DISPOSITION: () CREMATION () DONATION () OTHER

PLACE OF DISPOSITION: _____ Date of Disposition _____

Signature: _____

FOR OFFICE USE ONLY

VERBAL GIVIN PRIOR _____ DATE & TIME _____ VERBAL GIVEN BY _____

IN ORDER TO RECEIVE AN AUTHORIZATION THIS FORM MUST BE FULLY COMPLETED

****THIS FORM MUST ACCOMPANY A COMPLETED COPY OF THE DEATH CERTIFICATE****

*****A DISPOSITION PERMIT OR MEDICAL WORKSHEET IS NOT ACCEPTABLE FOR
CREMATION AUTHORIZATION*****

Cremation Authorization Fee \$ 50.00

Rev. 12/19