Lafourche Parish Coroner's Office

123 Texas St PO Box 1562 Raceland, LA 70395 (985) 537-7055 • {985} 537-3201 Fax

Kayla G. Breaux *Coroner*

REQUEST AND DECLARATION OF RELATIONSHIP FOR CREMATION

Funeral Home:					
		Fax:			
Name of Decede	 ent:				
	Last	First		Middle	
Address of Dec	edent:				
#	Street	City	State	Zip	Parish
Age:	Date of Birth:	SocialSecuri	ty#:		
Race:	Gender:	☐ Male	F	emale	
Data of Dooth		Time of Doct	h. I		
Date of Death:		Time of Deat	n:		
Place of Death:					
#	Street	City	State	Zip	Parish
				p	
Decedent ever i	n possession by the C	oroner: Ye	es	No	
remains of the D		dersigned, have the right to th		4	disposition o
testament or nota	arized declaration that	nat Decedent has <u>NOT</u> lef t he/she does not wish to	be cremated	<u>.</u>	
	by affirm and swear th mation and belief.	nat the foregoing stateme	ents are the tru	uth to the bes	st of my/our
Affiant ce		ving the remains, the bod	•	•	•
R.S. 37:877.					

March 2024 Page I of 3

I/we hereby relieve, release hold harmless and indemnify Kayla G. Breaux, both individually and as Coroner of Lafourche Parish, and the Lafourche Parish Coroner's Office, a political subdivision of the State of Louisiana, their agents, servants, employees, managers, contractors, subcontractors, assigns, insurers, successors, and all other persons, entities, firms, underwriters, companies, organizations, or corporations against any and all damages claimed against them, known or unknown, contemplated or not, which may result to any person or party from my/our execution of this affidavit, the subsequent disposition of the deceased, any misidentification in this matter, and/or any liability for their reliance upon this affidavit for any reason whatsoever.

Signature of Affiant	Date	Signatur	e of Affiant	Date	
Printed Name		Printed N	Name		
Address	Address				
City/State/Zip Telephone		City/Star			
		Telephone			
Additional affiant signature page	OYes				
THIS DECLARATION HAS BEE	N EXECUTED I	N THE PRESENC	CE OF THE FOLLOW	ING INDIVIDUALS	
Signature of Funeral Director Date		Signatu	re of Witness	Date	
Printed Name of Funeral Director		Printed	Printed Name of Witness		

March 2024 Page 2 of 3

* INITIAL	ONE LINE BELOW ONLY AND ENTER PARAGRAPH NUMBER ON PAGE 1:
	1) Decedent died in a manner described by 10 U.S.C. §1481 (a){I) through (8) while serving in any branch of the United States Armed Forces, the United States Reserve Forces, or National Guard. I am the person designated to control disposition by the decedent on DD Form 93, or its successor form.
	2) I am the person arranging the cremation. Decedent has given specific directions in the form of a notarial testament or a written and notarized declaration providing for disposition of his/her remains by cremation.
	3) I am the person designated to control disposition by Decedent in the form of a notarial testament or a written and notarized declaration.
	4) I am the surviving spouse of Decedent and no divorce petition is pending. Decedent has not designated any other person to control disposition in the form of a notarial testament or a written and notarized declaration.
	5) I/we constitute a majority of the surviving adult children of Decedent. Decedent has (<i>provide number</i>) surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament or a written and notarized declaration.
	6) I/we constitute a majority of the surviving adult grandchildren of Decedent. Decedent has (<i>provide number</i>) surviving adult grandchildren. Decedent has no surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament or a written and notarized declaration.
	7) I/we are the surviving parents of Decedent. Decedent has no surviving adult grandchildren. Decedent has no surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament.
	8) I/we are a majority of the surviving adult siblings of Decedent. Decedent has (provide number) surviving adult siblings. Decedent has no surviving parents. Decedent has no surviving adult grandchildren. Decedent has no surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament.
	9) I/we are a majority of the surviving adult persons respectively in the next degrees of kindred as established in Civil Code Article 880 et seq. for intestacy. There are (provide number) surviving adult persons within the next degree of kindred. Decedent has no surviving adult siblings. Decedent has no surviving parents. Decedent has no surviving adult grandchildren. Decedent has no surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament.
	10) The person(s) authorized to request Decedent's remains has refused to request and/or accept the remains. I am an interested person authorized to control disposition per R.S. 9: ISSI (A)(I).
	11) I am authorized to control disposition by a judgment of a judicial district court to whom subject matter jurisdiction and venue is proper. A certified copy of the judgment is attached.

March 2024 Page 3 of 3