

# **REQUEST FOR CREMATION APPROVAL BY COUNTY CORONER**

## **FUNERAL HOME TO COMPLETE**

REQUESTING FUNERAL HOME & FUNERAL DIRECTOR NAME:

\_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ RETURN FAX: \_\_\_\_\_

## **DECEDENT INFORMATION**

Name of Deceased: \_\_\_\_\_

Who Died on (date & time): \_\_\_\_\_

Place of Death (city & county): \_\_\_\_\_

CREMATION DATE REQUESTED: \_\_\_\_\_

DAKOTA CREMATION SERVICES

LICENSE #716

\_\_\_\_\_

## **CORONER/MEDICAL EXAMINER TO COMPLETE**

I, the County Coroner/ME: \_\_\_\_\_

Deputy Coroner: \_\_\_\_\_

Of said county \_\_\_\_\_, South Dakota is granting  
cremation approval for the above named deceased.

CREMATION CAN PROCEED ANYTIME AFTER: \_\_\_\_\_

AUTHORIZING AGENT SIGNATURE: \_\_\_\_\_