

Alabama Uniform Cremation Request



This request for cremation shall only be made to the Coroner of the county where the sequence of events began that ultimately resulted in the death.

Date: _____ To the Coroner of _____ County

REQUEST TO CREMATE THE BODY OF (full name): _____

Age: _____ Race: _____ Sex: _____ Date of Birth: _____ SSN: _____

Date of Death: _____ Time of Death: _____

Place of Death (facility name/address): _____

Address: _____ City: _____ State: _____ Zip: _____

Authorizing Agent: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Person Certifying Death: _____ Phone: _____

Medical Facility/Practice Name: _____

City: _____ State: _____ Zip: _____ Manner of Death (if known): _____

Cause of Death (if known): _____

Circumstances Surrounding Death (e.g. disease, injury/trauma, motor vehicle collision, suspected overdose, etc.):

HOSPICE DEATH ☐ INPATIENT DEATH ☐ HOME DEATH ☐ CORONER CASE ☐

Mortuary: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Pursuant to Code of Alabama 22-9A-16, I certify that the information contained herein is true and accurate.

Funeral Director: _____ Signature: _____ Date: _____

Typing name in Signature line constitutes signature

Authorization Reply via Email or Fax to : _____

FOR ME/CORONER USE ONLY

Date Received: _____ Time Received: _____

ME/Coroner Authorizing Cremation: _____

Date: _____ Time Approved: _____

Signature: _____