Lafourche Parish Coroner's Office
123 Texas St PO Box 1562
Raceland, LA 70395
(985} 537-7055 • {985} 537-3021Fax

REQUEST AND DECLARATION OF RELATIONSHIP FOR CREMATION

Funeral Home: ______________________________

Fax: ______________________________

Name of Decedent:					
	Last		**First**		**Middle**
Address of Decedent:					
#	**Street**	**City**	**State**	**Zip**	**Parish**
Age:	**Date of Birth:**		**Social Security#:**		
Race:	**Gender:**	☐ **Male**		☐ **Female**	

Date of Death:			**Time of Death:**		
Place of Death:					
#	**Street**	**City**	**State**	**Zip**	**Parish**
Decedent ever in possession by the Coroner:			**Yes**		**No**

Pursuant to La R.S. 37:876, I/we, the undersigned, have the right to control and authorize the disposition of the remains of the Decedent for the following reason______________________ . ◀ ***INSERT APPLICABLE PARAGRAPH NUMBER FROM PAGE 3***

I/we hereby affirm and swear that Decedent has NOT left written instructions in a notarial testament or notarized declaration that he/she does not wish to be cremated.

I/we hereby affirm and swear that the foregoing statements are the truth to the best of my/our knowledge, information and belief.

Affiant certifies that after reviewing the remains, the body was positively identified by _, meeting the requirements of La. R.S. 37:877.

I/we hereby relieve, release, hold harmless and indemnify Coroner Kayla 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	Signature of Affiant Date
Printed Name	Printed Name
Address	Address
City/State/Zip	City/State/Zip
Telephone	Telephone

Additional affiant signature page required. **OYes** ☐ **No**

THIS DECLARATION HAS BEEN EXECUTED IN THE PRESENCE OF THE FOLLOWING INDIVIDUALS:

Signature of Funeral Director Date	**Signature of Witness Date**
Printed Name of Funeral Director	**Printed Name of Witness**

*** INITIAL <u>ONE LINE BELOW ONLY</u> AND ENTER PARAGRAPH NUMBER ON PAGE 1:**

_____ **1)** Decedent died in a manner described by 10 U.S.C. §1481 (a){l) 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 ***(provide number)*** 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 ***(provide number)*** 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: lSSl (A)(l).

_____ **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.