

AUTHORITY TO CREMATE

Date: _____

I, _____, Coroner/Deputy Coroner in and for the parish of _____ State of Louisiana, do hereby certify Crematory that an autopsy (was not performed)(was performed) on the body of _____, whose death occurred on _____ at _____ AM/PM in _____, do hereby authorize Magnolia Funeral Home of Alexandria, to cremate these human remains in accordance with the laws of the State of Louisiana.

Coroner/Deputy Coroner

Burial Transit Permit #

City: _____

Funeral Director Signature

State: Louisiana

X _____
Authorized Signature

Address

City/State/Zip

Relationship to Deceased