MAGNOLIA FUNERAL HOME

1604 Magnolia Street
Alexandria, LA 71301
(318) 487-1197 Fax: (318) 442-5461 or (888) 288-3176

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.

_____ _____
Burial Transit Permit #

Coroner/Deputy Coroner

City: _____ _____
Funeral Director Signature

State: Louisiana

X_____
Authorized Signature

_____
Address

_____
City/State/Zip

_____
Relationship to Deceased