

STATE OF LOUISIANA



CORONER OF LAFAYETTE PARISH
1006 BERTRAND DRIVE
LAFAYETTE, LOUISIANA 70506

KENNETH ODINET, D.D.S., M.D.
CORONER

PH: (337) 291-7100
FAX: (337) 291-7102

DATE _____

I, _____ CORONER/DEPUTY CORONER IN AND
FOR THE PARISH OF LAFAYETTE, STATE OF LOUISIANA, HAVING MADE AN
INVESTIGATION INTO THE DEATH OF _____
AND HAVING NO REASON TO HOLD SAID HUMAN REMAINS, DO HEREBY AUTHORIZE
_____ FUNERAL HOME OF _____
TO CREMATE THESE HUMAN REMAINS IN ACCORDANCE WITH THE LAWS OF THE
STATE OF LOUISIANA (Acts 1952, No. 150, Sec. 1 Amended). THE LAFAYETTE PARISH
CORONER'S OFFICE IN NO WAY ASSUMES ANY RESPONSIBILITY FOR ANY WRONGFUL
HANDLING AND/OR DISPOSITION OF THESE REMAINS.

CORONER/DEPUTY CORONER

FUNERAL DIRECTOR

BURIAL/TRANSIT PERMIT
CREMATION PERMIT NUMBER

PERSON HAVING AUTHORITY FOR CREMATION:

SIGNATURE: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

Please furnish the Coroner's office with a completed copy
Of the Death Certificate and a \$75.00 check.