

STATE OF LOUISIANA



CORONER OF VERMILION PARISH
2602 NORTH DRIVE
ABBEVILLE, LA 70510

MYRIAM D. HUTCHINSON, M.D.
CORONER

TEL: (337) 893-7950
FAX: (337) 893-8170

DATE: _____

I, _____ CORONER IN AND FOR THE PARISH OF VERMILION, 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 VERMILION PARISH CORONER'S OFFICE IN NO WAY ASSUMES ANY RESPONSIBILITY FOR ANY WRONGFUL HANDLING AND/OR DISPOSITION OF THESE REMAINS.

CORONER

FUNERAL DIRECTOR

BURIAL/TRANSIT PERMIT
CREAMTION PERMIT NUMBER

PERSON HAVING AUTHORITY FOR CREMATION:

SIGNATURE: _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

Please furnish the Coroner's office with
a \$75.00 for signing fee.