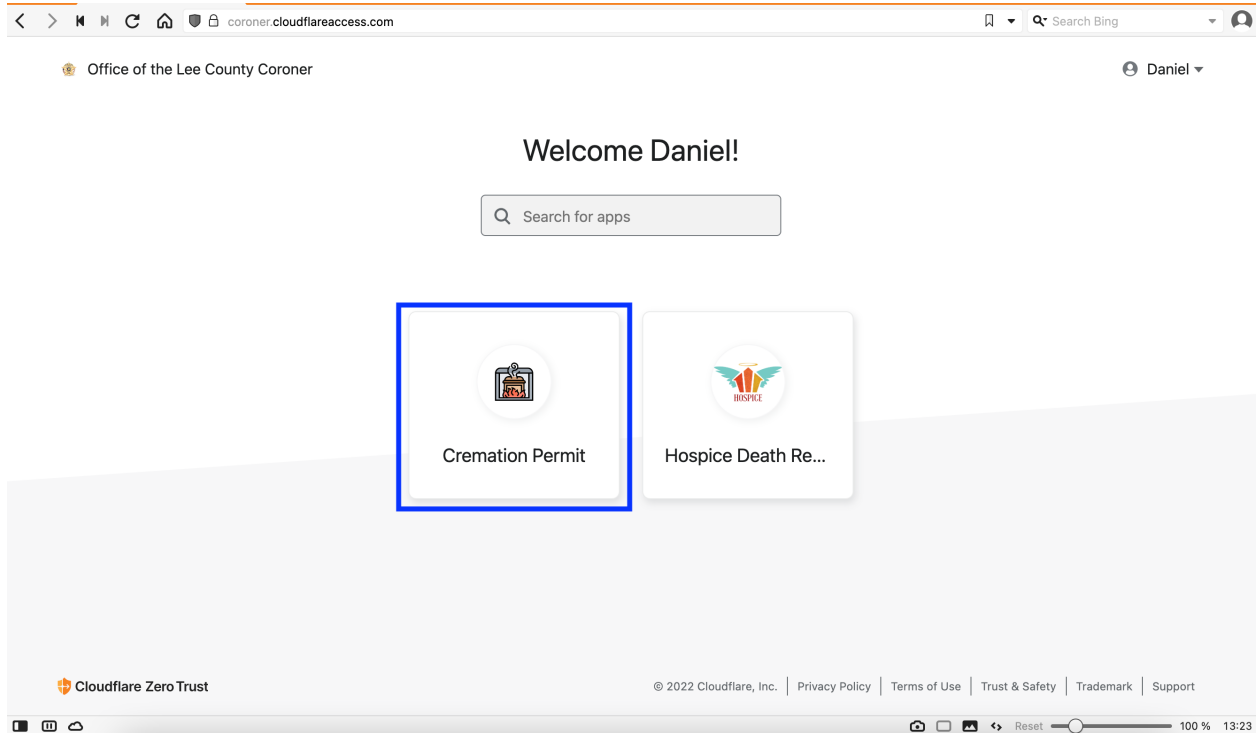


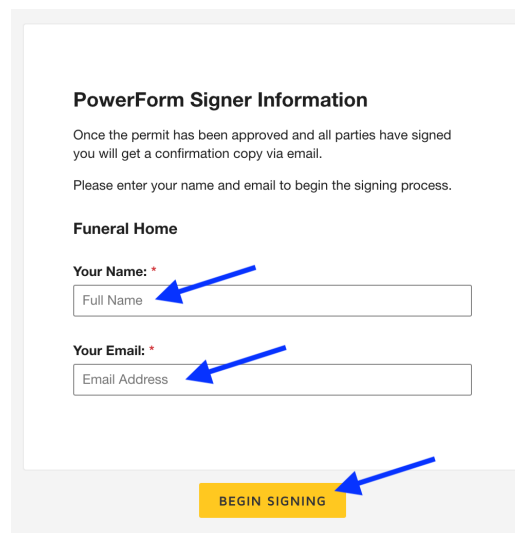
How to request a Cremation Permit

Note: This document assumes that you have already logged into the Coroner.app portal. If you haven't and you need help, please see the login instructions for Coroner.app

STEP 1: Select Cremation Permit from the app launcher



STEP 2: Enter your First & Last Name, Email address, and click Begin Signing




The screenshot shows a form titled "PowerForm Signer Information". The text reads: "Once the permit has been approved and all parties have signed you will get a confirmation copy via email. Please enter your name and email to begin the signing process." Below this is a section for "Funeral Home" with two required fields: "Your Name: *" (containing "Full Name") and "Your Email: *" (containing "Email Address"). At the bottom is a yellow "BEGIN SIGNING" button. Blue arrows point to each of these three elements.

STEP 3: Fill in the appropriate information. Note that fields outlined in red are required. Then click SIGN

DocuSign Envelope ID: 301A5A4A-FC19-44D0-B017-DF0DEDEB0C63

START

Alabama Uniform Cremation Request



This request for cremation shall only be made to the Coroner of the county where the sequence of events began that ultimately resulted in the death.

Date: 8/19/2022 | 13:32:09 CDT To the Coroner of _____ County

REQUEST TO CREMATE THE BODY OF (full name): _____

Age: _____ Race: _____ Sex: _____ Date of Birth: _____ SSN: _____

Date of Death: _____ Time of Death: _____

Place of Death (facility name/address): _____

Address: _____ City: _____ State: _____ Zip: _____

Authorizing Agent: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Person Certifying Death: _____ Phone: _____

Medical Facility/Practice Name: _____

City: _____ State: _____ Zip: _____ Manner of Death (if known): _____

Cause of Death (if known): _____


Circumstances Surrounding Death (e.g. disease, injury/trauma, motor vehicle collision, suspected overdose, etc.): _____

HOSPICE DEATH INPATIENT DEATH HOME DEATH CORONER CASE

Mortuary: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Pursuant to Code of Alabama 22-9A-16, I certify that the information contained herein is true and accurate.

Funeral Director: test person Signature:  Date: 8/19/2022 | 13:32:09 CDT

Authorization Reply via Email or Fax to: _____

FOR ME/CORONER USE ONLY


Date Received: _____ Time Received: _____

ME/Coroner Authorizing Cremation: _____

Date: _____ Time Approved: _____

Signature: _____

Created: 05/14/2019 Revised: 05/15/

 Change Language


STEP 4: Once you've completed everything click FINISH and you will be given the option to print or download a copy.

Ready to Finish?

You've completed the required fields. Review your work, then select **FINISH**.

FINISH

Save a Copy of Your Document



Your document has been signed

If you would like a copy for your records, select Download or Print and save.

DOWNLOAD PRINT CLOSE

STEP 5: your document has now been sent to the Coroner's Office for review. Once signed by the Coroner's office you will get a signed copy as a PDF in your email.

DocuSign Envelope ID: 301A544A-FC19-44D0-B017-0F00E0E80C63

Alabama Uniform Cremation Request

This request for cremation shall only be made to the Coroner of the county where the sequence of events began that ultimately resulted in the death.

Date: 8/19/2022 | 13:38:12 CDT To the Coroner of Lee County

REQUEST TO CREMATE THE BODY OF (full name): John Smith

Age: 99 Race: H Sex: Male Date of Birth: 01/01/1923 SSN: 421-23-2343

Date of Death: 08/18/2022 Time of Death: 15:30

Place of Death (facility name/address): EAMC, 2000 Peppere11 Pkwy

Address: _____ City: Opelika State: AL Zip: _____

Authorizing Agent: Jim Smith Relationship: Brother

Address: _____ City: _____ State: _____ Zip: _____

Phone: 307-555-1212

Person Certifying Death: _____ Phone: _____

Medical Facility/Practice Name: _____

City: _____ State: _____ Zip: _____ Manner of Death (if known): _____

Cause of Death (if known): _____

Circumstances Surrounding Death (e.g. disease, injury/trauma, motor vehicle collision, suspected overdose, etc.): _____

HOSPICE DEATH INPATIENT DEATH HOME DEATH CORONER CASE

Mortuary: Great Funeral Home phone: 334-555-1212

Address: _____ City: Opelika State: AL Zip: _____

Pursuant to Code of Alabama 22-9A-16, I certify that the information contained herein is true and accurate.

Funeral Director: test person Signature: [Signature] Date: 8/19/2022 | 13:38:12 CDT

Authorization Reply via Email or Fax to: testperson@greatfuneralhome.com

FOR ME/CORONER USE ONLY

Date Received: _____ Time Received: 8/19/2022 | 13:41:49 CDT

ME/Coroner Authorizing Cremation: Daniel Sexton

Date: _____ Time Approved: _____

Signature: [Signature]

You will also be able to log in to DocuSign at anytime to download or print copies.