

LUZERNE COUNTY CORONER'S OFFICE
CREMATION AUTHORIZATION FORM
FAX: 570-820-6319

Complete and fax to the Coroners Office along with a completed copy of the Death Certificate.

NAME OF DECEASED: _____

ADDRESS: _____

DATE OF DEATH: _____ TIME OF DEATH: _____

RACE: _____ AGE _____ SEX _____

PLACE OF DEATH: _____

CAUSE OF DEATH: a. _____
b. _____
c. _____
d. _____

Other significant conditions: _____

FUNERAL HOME: _____

ADDRESS: _____

PHONE # _____ FAX# _____

Method of disposition: () Cremation () Donation () Other _____

Place of disposition: Sunlight _____ Maple Hill _____ Harman _____ Gray Stone _____

Other _____

(if other list fax # for crematory: _____)

DO NOT WRITE BELOW THIS LINE

Disposition authorized by : _____ Date: _____
Coroner/Deputy Coroner

The completed permit will be mail to the funeral home and also serve as your invoice.
Amount due: _____

Make check payable to: **Luzerne County Treasurer**, and mail to:

OFFICE OF THE CORONER
85 YOUNG STREET
HANOVER TWP. PA 18706