OFFICE OF THE CORONER

**Pamela Poole, RN – Coroner**

 Parish of Concordia ▪ State of Louisiana

 P.O. Box 580 ▪ Vidalia, LA 71373

Authority to Cremate

This form must be accompanied by Authority to Cremate signed by proper relative or

legal representative of the deceased and Funeral Director, together with cremation

permit from the Bureau of Vital Statistics.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Coroner, for the Parish of **CONCORDIA** State of **LA**, do hereby certify that an autopsy

\_\_\_was performed OR \_\_\_was not performed on the body of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose death occurred on

(Decedent’s Name)

the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the city of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of \_\_\_\_\_\_

 (Date of Death)

and authorize that said body may be lawfully cremated by\_\_\_\_\_\_\_\_\_\_\_\_

funeral home of \_\_\_\_\_\_\_\_\_\_\_ in accordance with laws of the state of

Louisiana. The Concordia Parish Coroner’s Office in no way assumes any

responsibility for any wrongful handling and/or disposition of these remains.

Given under my hand this \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City **Vidalia**  State **LA**