



Jefferson Parish Forensic Center
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 cremations@jpcoroner.com



Gerry A. Cvitanovich, M.D.
 Coroner

Accredited by the
 National Association of
 Medical Examiners

REQUEST AND DECLARATION OF RELATIONSHIP FOR CREMATION

Funeral Home:			
Phone:	()	Fax:	()

Name of Decedent:					
	Last	First	Middle		
Address of Decedent:					
#	Street	City	State	Zip	Parish
Age:	Date of Birth:	Social Security #:			
Race:	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		

Date of Death:		Time of Death:			
Place of Death:					
#	Street	City	State	Zip	Parish
Coroner's Case:		<input type="checkbox"/> Yes	<input type="checkbox"/> No (submit signed death certificate)		
Decedent ever in possession by the Coroner:		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Pursuant to La. R.S. 37:876, I/we, the undersigned, have the right to control and authorize the disposition of the remains of the Decedent for the following reason _____. ◀ **INSERT APPLICABLE PARAGRAPH NUMBER FROM PAGE 3**

I/we hereby affirm and swear that Decedent has NOT left written instructions in a notarial testament or notarized declaration that he/she does not wish to be cremated.

I/we hereby affirm and swear that the foregoing statements are the truth to the best of my/our knowledge, information and belief.

Affiant certifies that after reviewing the remains, the body was positively identified by _____, meeting the requirements of La. R.S. 37:877.

I/we hereby relieve, release hold harmless and indemnify Dr. Gerry Cvitanovich, both individually and as Coroner of Jefferson Parish, and the Jefferson Parish Coroner’s Office, a political subdivision of the State of Louisiana, their agents, servants, employees, managers, contractors, subcontractors, assigns, insurers, successors, and all other persons, entities, firms, underwriters, companies, organizations, or corporations against any and all damages claimed against them, known or unknown, contemplated or not, which may result to any person or party from my/our execution of this affidavit, the subsequent disposition of the deceased, any misidentification in this matter, and/or any liability for their reliance upon this affidavit for any reason whatsoever.

Signature of Affiant Date

Signature of Affiant Date

Printed Name

Printed Name

Address

Address

City/State/Zip

City/State/Zip

Telephone

Telephone

Additional affiant signature page required.

Yes

No

THIS DECLARATION HAS BEEN EXECUTED IN THE PRESENCE OF THE FOLLOWING INDIVIDUALS:

Signature of Funeral Director Date

Signature of Witness Date

Printed Name of Funeral Director

Printed Name of Witness

▼ **INITIAL ONE LINE BELOW ONLY AND ENTER PARAGRAPH NUMBER ON PAGE 1:**

- _____ 1) Decedent died in a manner described by 10 U.S.C. §1481 (a)(1) through (8) while serving in any branch of the United States Armed Forces, the United States Reserve Forces, or National Guard. I am the person designated to control disposition by the decedent on DD Form 93, or its successor form.
- _____ 2) I am the person arranging the cremation. Decedent has given specific directions in the form of a notarial testament or a written and notarized declaration providing for disposition of his/her remains by cremation.
- _____ 3) I am the person designated to control disposition by Decedent in the form of a notarial testament or a written and notarized declaration.
- _____ 4) I am the surviving spouse of Decedent and no divorce petition is pending. Decedent has not designated any other person to control disposition in the form of a notarial testament or a written and notarized declaration.
- _____ 5) I/we constitute a majority of the surviving adult children of Decedent. Decedent has _____ (**provide number**) surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament or a written and notarized declaration.
- _____ 6) I/we constitute a majority of the surviving adult grandchildren of Decedent. Decedent has _____ (**provide number**) surviving adult grandchildren. Decedent has no surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament or a written and notarized declaration.
- _____ 7) I/we are the surviving parents of Decedent. Decedent has no surviving adult grandchildren. Decedent has no surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament.
- _____ 8) I/we are a majority of the surviving adult siblings of Decedent. Decedent has _____ (**provide number**) surviving adult siblings. Decedent has no surviving parents. Decedent has no surviving adult grandchildren. Decedent has no surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament.
- _____ 9) I/we are a majority of the surviving adult persons respectively in the next degrees of kindred as established in Civil Code Article 880 et seq. for intestacy. There are _____ (**provide number**) surviving adult persons within the next degree of kindred. Decedent has no surviving adult siblings. Decedent has no surviving parents. Decedent has no surviving adult grandchildren. Decedent has no surviving adult children. Decedent has no surviving spouse. Decedent has not designated any other person to control disposition in the form of a notarial testament.
- _____ 10) The person(s) authorized to request Decedent's remains has refused to request and/or accept the remains. I am an interested person authorized to control disposition per R.S. 9:1551(A)(1).
- _____ 11) I am authorized to control disposition by a judgment of a judicial district court to whom subject matter jurisdiction and venue is proper. A certified copy of the judgment is attached.