

OFFICE OF THE _____ COUNTY CORONER

RELEASE TO CREMATE

DECEDENT DEMOGRAPHIC INFORMATION

1. NAME OF DECEDENT		2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	3. DATE OF BIRTH (MO/DAY/YR)	4. DATE AND HOUR PRONOUNCED DEAD (MO/DAY/YR) (HOUR AND MINUTE)
5. AGE	6. STATE OF DEATH (IF NOT IN U.S., LIST COUNTRY)		7. COUNTY OF DEATH	8. CITY, VILLAGE, TOWNSHIP OF DEATH
9. PLACE OF DEATH (NAME OF INSTITUTION OR ADDRESS)			10. DECEDENT'S HOME ADDRESS (NUMBER AND STREET, CITY, STATE OR COUNTRY AND ZIP)	

CAUSE AND MANNER OF DEATH INFORMATION

11. MEDICAL CERTIFIER TITLE <input type="checkbox"/> MD/DO <input type="checkbox"/> Coroner/M.E. <input type="checkbox"/> Dep. Coroner/M.E.	12. NAME OF MEDICAL CERTIFIER	13. LICENSE NUMBER OF MEDICAL CERTIFIER
14. MAILING ADDRESS OF MEDICAL CERTIFIER (STREET, CITY, ZIP)		15. DATE CERTIFICATE SIGNED (MO/DAY/YR)
16. CAUSE OF DEATH INFORMATION (AS LISTED ON DEATH CERTIFICATE) A. _____ B. _____ C. _____ D. _____		17. OTHER SIGNIFICANT CONDITIONS
19. COMMUNICABLE DISEASE ALERT: Is there any communicable disease or condition documented in the decedent's medical record which indicates that isolation techniques (over and above universal precautions) should be used for preparation and body handling during the cremation? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, If "Yes", specify the condition and precautions to be used:		18. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending
20. INTERNAL FOREIGN OBJECT ALERT: Is there any internal electromechanical device or any other foreign object noted in the Coroner/Medical Examiner case file for the decedent named on this form? <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes, If "Yes", describe the object(s):		

REQUESTING PARTY AND FUNERAL DIRECTOR INFORMATION

21. NAME OF PERSON REQUESTING THE CREMATION		22. MAILING ADDRESS OF PERSON NAMED IN 21	
23. RELATIONSHIP TO DECEDENT	24. NAME OF FUNERAL DIRECTOR	25a. NAME OF FUNERAL HOME	
25b. MAILING ADDRESS OF FUNERAL HOME		26. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
27. PHONE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	28. DECEDENT'S BODY IDENTIFIED BY <input type="checkbox"/> PERSON LISTED IN 21 <input type="checkbox"/> FUNERAL DIRECTOR NAMED IN 24 <input type="checkbox"/> OTHER (NAME):		29. IF "OTHER" MARKED IN 28, RELATIONSHIP TO DECEDENT
30. PHONE NUMBER OF "OTHER" PERSON NAMED IN 28:	31. MAILING ADDRESS OF "OTHER" PERSON NAMED IN 28		
32. NAME AND ADDRESS OF CREMATORY			

RELEASE TO CREMATE AUTHORIZATION

This is to certify that, in accordance with Wisconsin state statute 979.10, I have viewed the body and made personal inquiry into the cause and manner of death of the decedent named on this form. I am of the opinion that no further examination or judiciary inquiry concerning the death of this individual is necessary and that cremation may occur after:

33. DATE CREMATION MAY OCCUR (MO/DAY/YR)	34. HOUR CREMATION MAY OCCUR
35. NAME OF PERSON SIGNING THIS RELEASE	36. TITLE OF PERSON SIGNING THIS RELEASE
37. SIGNATURE OF OFFICIAL	38. DATE SIGNED (MO/DAY/YR)

➤ Any person who knowingly and willingly participates in the cremation of human remains without obtaining a signed cremation release from the coroner/medical examiner of jurisdiction may be fined not more than \$10,000 or imprisoned for not more than 9 months or both (Wisconsin State Statute 979.10).

NOTE: THIS DOCUMENT DOES NOT OVERRIDE THE WISHES OF THE NEXT OF KIN REGARDING THE FINAL DISPOSITION OF THE REMAINS.

CASE NUMBER _____