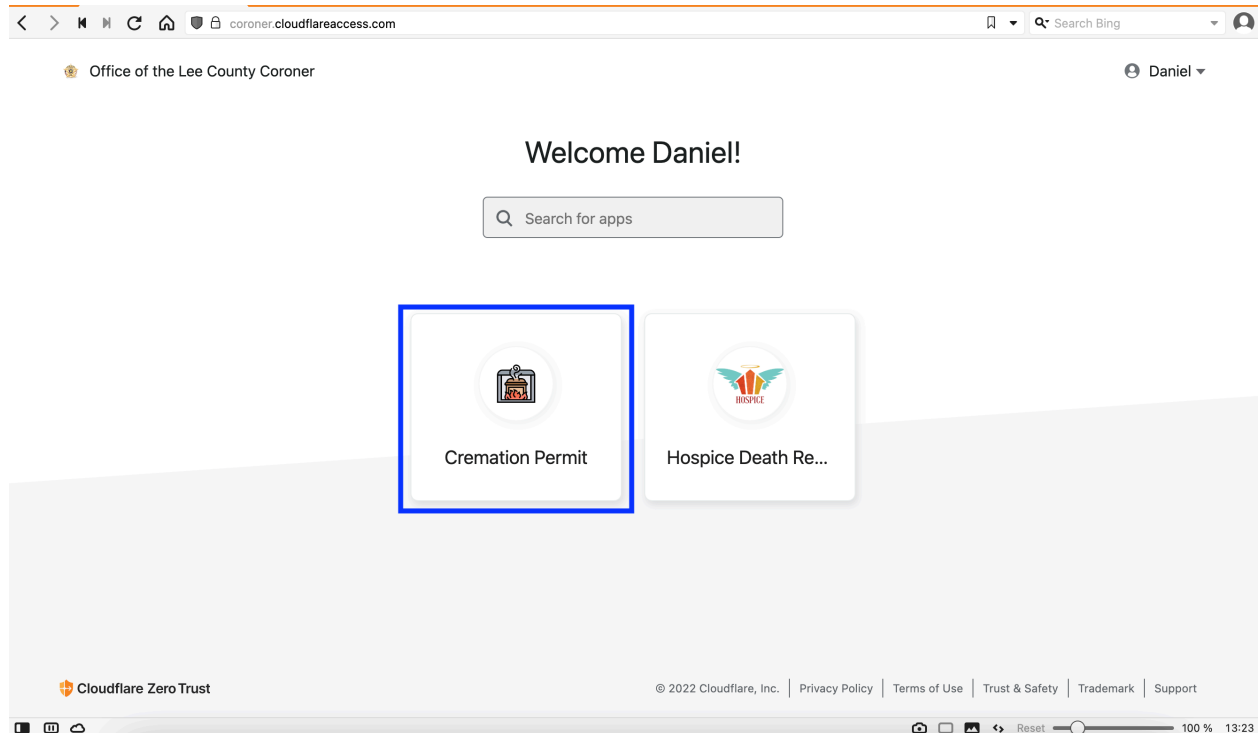


How to request a Cremation Permit

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

STEP 1: Select Cremation Permit from the app launcher



STEP 2: Fill in the appropriate information. Note that fields triangle in the upper left corner are required.

20 required fields
Fill in all required fields.

Search 112%

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: _____ To the Coroner of Lee County

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

Age: # _____ Race: _____ Sex: _____ Date of Birth: MM/DD/YYYY _____ SSN: _____

Date of Death: MM/DD/YYYY _____ Time of Death: Time _____

Place of Death (facility name/address): Place of Death

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

Authorizing Agent: _____ Relationship: Relationship

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

Phone: _____

Person Certifying Death: _____ Phone: _____

Medical Facility/Practice Name: _____

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

Cause of Death (if known): Cause of Death

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

Circumstances or Notes _____

HOSPICE DEATH INPATIENT DEATH HOME DEATH CORONER CASE

Mortuary: _____ Phone: _____

Complete

Typing name

STEP 3: Make sure you put your correct email address in the box so that you will get a copy after the permit is approved.

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

Funeral Director: JOHN SMITH Signature: JOHN SMITH Date: _____

Typing name in Signature line constitutes signature

Authorization Reply via Email or Fax to : JOHNSMIE@AOL.COM

FOR ME/CORONER USE ONLY

Date Received: _____ Time Received: _____

ME/Coroner Authorizing Cremation: Daniel Sexton

Date: _____ Time Approved: _____

Signature: _____

Approved: _____

Complete

STEP 4: Click Complete. 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.

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

Funeral Director: JOHN SMITH Signature: JOHN SMITH Date: _____
Typing name in Signature line constitutes signature

Authorization Reply via Email or Fax to : JOHNSMIE@AOL.COM

FOR ME/CORONER USE ONLY

Date Received: _____ Time Received: _____

ME/Coroner Authorizing Cremation: Daniel Sexton

Date: _____ Time Approved: _____

Signature: _____
Signature

Approved: _____

Complete