



COUNTY OF LEHIGH - OFFICE OF THE CORONER

Daniel A. Buglio, D-ABMDI

Coroner

Cremation Authorization/ Anatomical Donation Request Office

610 782-3426 • Fax 610 820-8271



Cremation Authorization

Anatomical Gift Donation Request

Decedent Demographics

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ AGE \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ Political Subdivision of Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_

Race \_\_\_\_\_ Marital Status \_\_\_\_\_

Death Information

Place of Death \_\_\_\_\_ Date of Death \_\_\_\_\_ Time of Death/Pronouncement \_\_\_\_\_

Political Subdivision of Death \_\_\_\_\_ City / State / Zip of Place of Death \_\_\_\_\_

Cause of Death:

- (a) \_\_\_\_\_
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_

Manner of Death:  Natural  Accident  Suicide  Homicide  Could Not be Determined  Pending Investigation

Certifier of Death  Physician  Coroner

Phone Number \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Funeral Home Information

Informant's Name - First \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Informant's Phone Number \_\_\_\_\_

Funeral Home \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Crematory Facility Name \_\_\_\_\_

Person requesting Cremation Authorization \_\_\_\_\_ Position \_\_\_\_\_

Authorization

*(Coroner's Office Staff Use Only)*

Date \_\_\_\_\_ Time \_\_\_\_\_ Authorization #: \_\_\_\_\_

Cross Reference Case Number: J 20 \_\_\_\_\_ - \_\_\_\_\_ NJ 20 \_\_\_\_\_ - \_\_\_\_\_

Date of Authorization: \_\_\_\_\_ Time of Authorization: \_\_\_\_\_ Deputy: \_\_\_\_\_