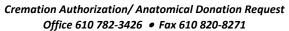


COUNTY OF LEHIGH – OFFICE OF THE CORONER Eric D. Minnich, D-ABMDI







	Cremation Authorization						Anatomical G	ift Donatio	on Request	
Deced	First Name	M.I.	Last Nar	me			AGE	Date of	Birth	
ent Den	Mailing Address					Pol	itical Subdivisio	n of Resider	nce	
ographi	City	_	 State		Zip Code	Soc	 cial Security Nur			
nics	Race	ace			Marital Status					
Death Information	Place of Death		Date of De	ath			Time of I	Death/Pron	ouncement	
	Political Subdivision of Death Ci			City / Stat	ity / State / Zip of Place of Death					
	Cause of Death: (a)								-	
	(b)								- -	
	(d) Part II-								_	
	Certifier of Death		Physician		Coroner		Phone numbe		-	
Designation										
	Person Giving Authorization – First M.I. Last Name Informant's name – First M.I. Last			Re	lationship		Phone s person giving authorization			
					Check if same	as person				
	Funeral Home				Address	City	,	State	Zip	
	Phone		Fax							
	Crematory Facility Name									
	Person requesting Cremation Authorization				Position					
Authorization	(Coroner's Office Staff Use Only) Authorization #:									
	Date		Time			·- -				
	Cross Reference Case Number: J 20				NJ 20					
	Date of Authorization: Revision 3-2019	Time of	Authorizatio	on:	D	eputy:			_	