



COUNTY OF LEHIGH - OFFICE OF THE CORONER

Eric D. Minnich, 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) _____

Part II- _____

Certifier of Death Physician Coroner _____
Phone number _____

Funeral Home Information

Person Giving Authorization – First M.I. Last Name _____ Relationship _____ Phone _____

Informant's name – First M.I. Last _____ Check if same as person giving authorization

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: _____

Revision 3-2019