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OLDHAM COUNTY CORONER'S OFFICE

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CREMATION AUTHORIZATION

******NOTE****FOR FASTER RESPONSE, PLEASE EMAIL*******

Decedent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____ DOD: _____ Race: _____ Sex: _____

SS#: _____ Marital Status: _____

Occupation: _____

Location Of Death: _____

Physician/Medical Certifier: _____ Phone#: _____

Next Of Kin: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

Funeral Home : _____ **Contact Person:** _____

Phone#: _____ **Fax:** _____ **Email:** _____