

CREMATION RELEASE

OFFICE OF THE CORONER/MEDICAL EXAMINER

Coroner/ME Case Number:

DECEDENT DEMOGRAPHIC					
Decedent's Current Legal Name - First		Middle		Last	Suffix
Sex	Date Pronounced Dead	Time Pronounced Dead(0000-2359)	Date of Birth (MM/DD/YYYY)	Age at Death	<input type="checkbox"/> Years <input type="checkbox"/> Days <input type="checkbox"/> Mins <input type="checkbox"/> Months <input type="checkbox"/> Hours
Hospital Death:		Other Place of Death			
<input type="checkbox"/> Inpatient <input type="checkbox"/> DOA from NH <input type="checkbox"/> DOA from Other <input type="checkbox"/> Outpatient <input type="checkbox"/> ER from NH <input type="checkbox"/> ER from Other		<input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Residence <input type="checkbox"/> Hospice Facility <input type="checkbox"/> CBRF <input type="checkbox"/> Residence Care Apt (RCAC) <input type="checkbox"/> Adult Family Home (AFH) <input type="checkbox"/> Other			
State of Death (If not in U.S., list country)		County of Death		City, Village, Township of Death	
If applicable, Facility Name		Street Address			Zip Code
Decedent's Residence Country/State		County of Residence		City, Village, Township of Residence	
				Check One: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	
Residence Address					Zip Code

MANNER AND CAUSE OF DEATH		
Certifier Type	Certifier's Name (First Last, Title)	License Number
<input type="checkbox"/> Physician <input type="checkbox"/> Coroner/Medical Examiner		
Certifier's Mailing Address (Street, City, State, Zip Code)		
Certifier's Phone Number		Certifier's Fax Number

Manner of Death	
<input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined <input type="checkbox"/> Pending	
Part I – Cause of Death	Interval Between Onset and Death
a.	
b.	
c.	
d.	
Part II – Other Significant Conditions Contributing to Death	

CREMATION RELEASE APPLICANT AND FUNERAL DIRECTOR		
Name of Applicant Requesting the Cremation	Relationship to Decedent	Applicant's Mailing Address
Funeral Home Name		Funeral Home Mailing Address
Funeral Director's Full Name		Funeral Director's Signature
		FD Phone Number

DECEDENT'S BODY IDENTIFIED BY		
Check One: <input type="checkbox"/> Applicant for Cremation Release <input type="checkbox"/> Funeral Director		Relationship to Decedent
<input type="checkbox"/> Other – Name:		
Phone Number	Mailing Address	

CREMATION RELEASE AUTHORIZATION	
Name and Address of Crematory	
Date Cremation May Occur	Hour Cremation May Occur
Communicable Disease Alert: Is there any communicable disease or condition documented in the Coroner/Medical Examiner case file for the decedent named on this form which indicates that isolation techniques (over and above universal precautions) should be used for preparation and body handling during the cremation? <input type="checkbox"/> No <input type="checkbox"/> Yes, If "Yes", specify the condition and precautions to be used:	
Internal Foreign Object Alert: Does the decedent have any internal electromechanical device or any other foreign object? <input type="checkbox"/> No <input type="checkbox"/> Yes, If "Yes", specify the condition and precautions to be used:	
Name and Title of Coroner/M.E. Signing this release	
<small>This is to certify that, in accordance with Wis. Stats. 979.10, I have viewed the body and made personal inquiry into the cause and manner of death of the decedent named on this form. I am of the opinion that no further examination or judiciary inquiry concerning the death of this individual is necessary and that cremation may occur on or after:</small>	
Signature of Coroner/M.E.	Date Signed

Any person who knowingly and willingly participates in the cremation of human remains without obtaining a signed cremation release from the coroner/medical examiner of jurisdiction may be fined not more than \$10,000 or imprisoned for not more than 9 months or both (Wis. Stats. 979.10).

NOTE: THIS DOCUMENT DOES NOT OVERRIDE THE WISHES OF THE NEXT OF KIN REGARDING THE FINAL DISPOSITION OF THE REMAINS.