



Kansas Department of Health and Environment, Office of Vital Statistics
900 SW Jackson, Room 151 South, Topeka, Kansas 66612-1290
(913) 296-1426

Coroner's Permit to Cremate a Dead Body

Full name of decedent: _____

Decedent's address: _____

Date of death: ____ / ____ / ____ Place of death: _____

Cause of death certified by: _____

Permission is hereby requested to cremate the body of this decedent at: (name and address of crematory) _____

Permission requested by: (name of funeral director) _____

_____ funeral director's license number

_____ funeral director's address

Being sufficiently informed as to the causes and circumstances of the death of the above-named decedent, permission is hereby granted to cremate the body as requested.

Date: ____ / ____ / ____

_____ coroner's signature

County of: _____

(See reverse side for instructions.)