

Cremation Authorization

Southern Minnesota Regional Medical Examiner's Office

Completed By Funeral Home

Decedent		Birth Date (Month DD, YYYY)	
Death Date (Month DD, YYYY)	Death Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Death <input type="checkbox"/> Witnessed <input type="checkbox"/> Found	Death Place
Type <input type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Hospital <input type="checkbox"/> Other			
County <input type="checkbox"/> Olmsted <input type="checkbox"/> Dodge <input type="checkbox"/> Goodhue <input type="checkbox"/> Houston <input type="checkbox"/> Fillmore			
Physician Name <input type="checkbox"/> MD <input type="checkbox"/> DO		Phone	Fax
Funeral Home		Phone	Fax
City	Contact	Is SMRMEO Pathologist OR Mayo Physician signing death certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete all physician information below.	

Physician-Complete and Fax to Medical Examiner at 507-266-6658

Date Last Seen or Last Clinic Visit (Month DD, YYYY)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were there any significant traumatic events during the last 6 months which would have contributed to the death? (Falls, Motor Vehicle Crash, Surgical Procedures, Fractures, etc.) If Yes , please describe: _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , was the death reported to the Medical Examiner? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the manner of death natural? <input type="checkbox"/> Yes <input type="checkbox"/> No If No , was the death reported to the Medical Examiner?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any reason to postpone cremation? If Yes , please explain: _____ _____

Cause of Death as it Will Appear on the Death Certificate

Line 34a
Line 34b
Line 34c
Other Significant Conditions
Physician Signature

For Medical Examiner's Office Use Only

Investigator Authorizing	Date (Month DD, YYYY)
Okay to Cremate <input type="checkbox"/> Yes <input type="checkbox"/> No	Time