

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	
Residence Address		Zip Code			
Check One: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township					
Check One: <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township					
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					
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:					
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.					