



15257 Dunnings Highway
East Freedom, PA 15257

Office: 814-693-3184

CREMATION AUTHORIZATION REQUEST FORM

Decedents Name: _____

Decedents Address: _____

Location of death: _____

Date of death: _____ Time of death: _____

Age: _____ DOB: _____ Sex: _____

Race: _____ SSN: _____ NOK: _____

Cause(s) of death: _____

Death certified by/Title: _____

Certifier address/Phone number: _____

Funeral Home: _____

Phone number: _____ Email: _____

Crematory: _____

Please complete this form and email it along with a working copy and a signed copy of the death certificate or Medical Certification Worksheet to:

blaircoronersoffice@blaircountypa.gov