

OFFICE OF THE CHIEF MEDICAL EXAMINER
APPLICATION AND PERMIT FOR DISPOSAL OF HUMAN REMAINS
 STATE OF OKLAHOMA - BOARD OF MEDICOLEGAL INVESTIGATIONS

APPLICATION

FULL NAME OF DECEDENT	First	Middle	Last	AGE	DATE OF BIRTH	RACE	SEX
RESIDENCE ADDRESS	Street and Number		City or Town	County		State	
LOCATION OF DEATH - (If not in either, give address)	Hospital or Other Institution		City or Town	County	DATE OF DEATH	TIME OF DEATH	
APPLICANT (Typed or Printed)	ADDRESS OF APPLICANT				RELATIONSHIP TO DECEASED		
FUNERAL DIRECTOR IN CHARGE OF ARRANGEMENTS Schaudt's Funeral Service & Cremation Care 918-291-1700 719 East 141st Glenpool, OK 74033				NAME AND LOCATION OF CREMATORY OR OTHER FACILITY Cremation Care Centers Glenpool OK			
DISPOSITION OF REMAINS -- Cremation, burial at at sea, storage, or other (specify)							

I hereby certify that I am the person having the legal authority to dispose of the remains of the above named decedent and that application is made herewith for permission to dispose of the body.

 WITNESS (Signature) _____
 APPLICANT (Signature)

PERMIT BY MEDICAL EXAMINER

PERMIT NUMBER _____

RECEIPT NUMBER _____

(Not valid without number assigned by Office of the Chief Medical Examiner)

I hereby certify that I have investigated the death of the of the above named individual in accordance with the provisions of Title 63 OS 1971, Sections 931-955, as amended. In my opinion the cause of death

and the manner of death is:

<input type="checkbox"/> Natural	<input type="checkbox"/> Pending
<input type="checkbox"/> Suicide	<input type="checkbox"/> Accident
<input type="checkbox"/> Homicide	<input type="checkbox"/> Unknown

In accordance with Title 63 OS 1971, Sections 1-329, as amended, permission for disposal is hereby granted.

THIS PERMIT IS NOT REQUIRED FOR TRANSPORTATION OUR OF STATE

DATE _____ COUNTY OF APPOINTMENT _____ MEDICAL EXAMINER (Signature) _____

VALID ONLY WITH ASSIGNED PERMIT NUMBER AND WITH SIGNATURE OF MEDICAL EXAMINER

FUNERAL DIRECTOR INSTRUCTIONS

1. Complete upper portion of application including necessary signatures.
2. FAX cremation application and information sheet to the appropriate medical examiners office. I.E. Oklahoma City or Tulsa. IF FAX is not available, contact appointed office for instructions.
3. The medical examiners office will complete the application, including the permit number and doctor's signature.
4. The medical examiners office will FAX the funeral home the completed cremation application.
5. The funeral home may proceed with cremation and present the completed facsimile cremation form to crematory.
6. The medical examiner office will mail the funeral home the original death certificate and a copy of the cremation permit to be filed with the local registrar.
7. The funeral home is required to submit the \$100.00 fee to the appropriate medical examiners office within 48 hours. **PLEASE INDICATE DECEDENTS NAME AND PERMIT NUMBER WITH PAYMENT.**

NOTE: ALL CREMATIONS ARE INVESTIGATED BY THE MEDICAL EXAMINERS OFFICE. I.E. OKLAHOMA CITY OR TULSA. DO NOT CONTACT LOCAL MEDICAL EXAMINERS.

This form may be reproduced by the funeral home