



Howard County Coroner's Office
Coroner David E. Granger
120 E. Mulberry St. Room 104
Kokomo, IN 46901
Phone: 765-456-1186

DISPOSITION AUTHORIZATION

Deceased Name _____ Case #: _____

AGE: _____ DOB: _____ Sex: M F Race: _____

Address: _____

Place of Death: _____

Date of Death: _____ Time of Death: _____ am pm

Next of Kin: _____ Relationship: _____ Phone: _____

Funeral Home: _____

Funeral Home Address: _____

Funeral Director: _____ License #: _____

Type of Disposition: Burial Cremation Other: _____

Is the Coroner the Certifier? Yes No

If no, Physician's name: _____

Autopsy: Yes No Date: _____ Location: _____

In accordance with I.C. 23-14-31-27 (3)(B) (3) A copy of: (A) the completed and executed certificate of death; or (B) a release for cremation by the coroner if an investigation of the circumstances of the deceased person's death came under the authority of the coroner, but the release does not constitute an authorization as required by this chapter. (b) The cremation authorization form required under subsection (a)(1).

Permission to Granted to Dispose of Remains: YES NO

Authorized Signature of the Howard Coroner's Office

(Stamp)

Title

Date Authorized