

Please make sure **ALL** information is complete before submitting.

WAUKESHA COUNTY MEDICAL EXAMINER'S OFFICE  
515 W. Moreland Boulevard  
Waukesha, WI 53188  
Phone: (262) 548-7575 Fax: (262) 896-8079

A fax attestation form is also required before a permit is issued, unless DC is signed by our office.

\*\*\* CREMATION REQUEST FORM \*\*\*

**Decedent Information**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Death \_\_\_\_\_ Time Pronounced \_\_\_\_\_ AM / PM

Death Pronounced by \_\_\_\_\_  
(Name of - Physician, Hospice RN, Medical Examiner/Coroner staff)

Place of Death \_\_\_\_\_  
(Name of: Hospital or Facility; Residence; OR other location address)

Death Certificate Certifier \_\_\_\_\_

**Funeral Home Information**

Funeral Home \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Director \_\_\_\_\_

**Family Information**

Name of Person Requesting Cremation \_\_\_\_\_

Relationship to decedent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

**Cremation Information**

Is this decedent WFCAP eligible (Y/N)? **\*\*If yes, reimbursement NOD form (F-10143) required for fee waivers\*\***

Direct Cremation (Y/N)?      ▪ Lie in state OR Private View (Y/N)?      If yes, when: \_\_\_\_\_

Cremation View location \_\_\_\_\_

Is the body at this location now (Y/N)?      ▪ If no – when \_\_\_\_\_

Was an autopsy performed (Y/N)?      ▪ If yes, where \_\_\_\_\_

Crematory Name \_\_\_\_\_

Do Cremains need to be ready by a specific date? If so, when? \_\_\_\_\_

\*\*This form does not constitute or imply permission to cremate and is intended solely for information gathering purposes only.