

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 \_\_\_\_\_ Gender \_\_\_\_\_

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**

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? \_\_\_\_\_