



REGIONAL FORENSIC CENTER KNOX COUNTY

2761 Sullins Street, Knoxville, TN 37919 • Phone: 865-215-8000 • Fax: 865-215-8001

CREMATION REQUEST

PLEASE NOTE: A SIGNED death certificate MUST BE INCLUDED with this form when faxed to 865.215.8020

Funeral Home: _____

Funeral Home CONTACT PERSON: _____

Funeral Home Phone #: _____ Funeral Home Fax #: _____

DECEDENT INFORMATION

Name: _____

Address: _____

Race: _____ Sex: _____ Age _____

Date of Birth: _____ Date of Death: _____

Location of Death: _____

Please check one **Yes** **NO**

If RESIDENCE, was decedent under hospice care _____

If HOSPITAL, was the decedent In-patient? _____

How long was decedent In-Patient? _____

Name of the Doctor who signed the Death Certificate: _____

If this is a Knox County Medical Examiner's case, please note here: _____

• Cause of Death (pls note: Cardiac arrest & respiratory arrest are UNACCEPTABLE as Cause of Death)

WE WILL respond by 5:00 pm of the same day to all requests received BEFORE 2:00 PM.

Requests received after 2:00 PM will be handled the following day.

All cremation permits include a \$40.00 processing fee

DOCUMENTS TO BE RETURNED INCLUDE:

1. This completed form in its entirety.
2. Cremation Permit.
3. Signed Death Certificate.