



# 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 \$45.00 processing fee*

#### DOCUMENTS TO BE RETURNED INCLUDE:

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