**Section 500.APPENDIX G Death Records**

**Section 500.ILLUSTRATION D Coroner's or Medical Examiner's Permit to Cremate a Dead Human Body**

|  |  |  |  |
| --- | --- | --- | --- |
| **STATE OF ILLINOIS** | | Permit No. |  |
| **COUNTY OF** |  | Date Issued | / / |

**MEDICAL EXAMINER'S/CORONER'S PERMIT TO CREMATE A DEAD BODY**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name of Decedent | | | | | |  | | | | | | |
| Decedent's Address | | | |  | | | | | | | | |
| Date of Death | |  | | | | | | Place of Death | | |  | |
| Cause of Death | | |  | | | | | | | | | |
|  | | | | | | | | | | | |
| Cause of Death Certified by | | | | | | |  | | | | | |
| Permission to cremate the body of this decedent at | | | | | | | | |  | | | |
|  | | | | | | | | | | | |
| *(Name and address of Crematory)* | | | | | | | | | | | | |
| has been requested by | | | | |  | | | | | | | |
| *(Name and address of Funeral Home)* | | | | | | | | | | | | |
|  | | | | | | | |  | Funeral Director's Illinois License No. | |  |
| *(Signature of funeral director)* | | | | | | | |  |  | |  |

Being sufficiently informed as to the causes and circumstances of the death of the above described decedent, permission is hereby granted to cremate the body as requested.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Medical Examiner / Coroner

(MEDICAL EXAMINER CORONER – WHITE) (CREMATORIUM – CANARY) (REGISTRAR – PINK) (FUNERAL DIRECTOR – GOLD)

VR-204.1 (8/89r)

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)