OFFICE OF THE CHIEF MEDICAL EXAMINER

APPLICATION AND PERMIT FOR DISPOSAL OF HUMAN REMAINS

State of Oklahoma – Board of Medicolegal Investigations

APPLICATION

Full Name of Decedent (First, Middle, Last)	D.O.B.	Age	Race	Sex

Address	City	State	Zip

Death Location (Address or Institution)	City/County	Date	Time

Applicant	Address of Applicant	Relationship to Deceased

Funeral Director in Charge of Arrangements	Name and Location of Crematory or other Facility

Disposition of Remains (Cremation, burial at sea, storage, or other) Specify:

I hereby certify that I am the person having the legal authority to dispose of the remains of the above named decedent and that application is made herewith for permission to dispose of the body.

WITNESS (Signature) ***APPLICANT (Signature)***

PERMIT BY MEDICAL EXAMINER

RECEIPT NUMBER _____

*Permit Number: _____

(Not valid without number assigned by the Office of the Chief Medical Examiner)

I hereby certify that I have investigated the death of the above named individual in accordance with the provisions of Title 63 O.S. 1971, Section 931-955 as amended. In my opinion, the cause of death is:

_____

and the manner of death is: Natural ☐ Pending ☐ Suicide ☐ Accident ☐ Homicide ☐ Unknown ☐

In accordance with Title 63 O.S. 1971, Section 1-329, as amended, permission for disposal is hereby granted.

Medical Examiner (Signature) ***Date*** ***County of Appointment***

THIS PERMIT IS NOT REQUIRED FOR TRANSPORT OUT OF STATE

VALID ONLY WITH ASSIGNED PERMIT NUMBER AND WITH SIGNATURE OF MEDICAL EXAMINER

FUNERAL DIRECTOR INSTRUCTIONS

1. Complete upper portion of application including necessary signatures.
2. FAX cremation application and information sheet to the Oklahoma City office at (405) 239-2430.
3. The Medical Examiners Office will complete the application, including the permit number and doctors signature.
4. The Medical Examiners Office will FAX the funeral home the completed cremation application.
5. The funeral home may proceed with cremation and present the completed cremation form to the crematory.
6. The Medical Examiners Office will mail the funeral home the original death certificate and a copy of the cremation permit to be filed with the local registrar.
7. The funeral home is required to submit the $150.00 fee to the appropriate Medical Examiners Office within 48 hours. PLEASE INDICATE DECEDENTS NAME AND PERMIT NUMBER WITH PAYMENT.

NOTE: All Cremations are investigated by the Medical Examiners Office (i.e. Oklahoma City or Tulsa).