



# REQUEST FOR CREMATION APPROVAL

## Office of the York County Coroner

Phone 717-840-7617 Fax 717-840-7618

PAMELA L. GAY, RN BS D-ABMDI, York County Coroner

Complete this form and attach a copy of a completed copy of a valid and signed/dated Certificate of Death.

**EMAIL** requests to: [yccoroner@yorkcountypa.gov](mailto:yccoroner@yorkcountypa.gov)

**FAX** requests to: 717-840-7618

### PLEASE NOTE:

- ALL CREMATIONS RECEIVED BY **3:00 PM** WILL BE PROCESSED ON THE CURRENT DAY (**6pm during COVID**).
- ALL REQUESTS AFTER THAT TIME WILL BE PROCESSED THE FOLLOWING BUSINESS DAY.

**Please allow a 4-hour response time during business hours.**

EMERGENCY weekend requests will only be processed until Saturday at 12:00pm (**6pm during COVID**).

All other requests will be attended to the next business day.

**There is a \$50 fee for cremation approval.** (A separate statement will be mailed for payment.)

First Request

Second Request

DATE: \_\_\_\_\_ REQUESTING FUNERAL HOME: \_\_\_\_\_

CREMATORY NAME: \_\_\_\_\_

FUNERAL HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE:(\_\_\_\_\_) \_\_\_\_\_ FAX:(\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

**The above-referenced funeral home hereby requests approval for the cremation of:**

\_\_\_\_\_ who died on \_\_\_\_\_ at \_\_\_\_\_.

(Name of decedent)

(Date)

(Time)

The York County Coroner, York, PA, grants approval for cremation of the remains of the above decedent any time after (date) \_\_\_\_\_ at (time) \_\_\_\_\_. Approval indicates receipt and review of the death certificate for required elements and does not indicate any additional investigation by the York County Coroner. If manner of death is "pending investigation", the Coroner certifies that all tissues and body fluids required to complete said investigation have been retained, and permission to cremate the remains is granted without qualification.

Coroner/Deputy Coroner \_\_\_\_\_ Permit # \_\_\_\_\_

\*A FEE WAIVER (York Co. Resolution 2014-07) is requested because:

\_\_\_\_ Decedent is less than 18 years of age **OR** \_\_\_\_ Decedent is a U.S. Veteran **OR**

\_\_\_\_ Individual decedent assets total less than \$10,000 or jointly held assets total less than \$20,000.

*\*(Signature required as follows)*

**\*I hereby certify that the decedent's assets are individually less than \$10,000 or jointly less than \$20,000.**

\_\_\_\_\_(Estate Executor/Executrix/Financially Responsible Party Signature)

**\*Note: Cremation Authorization fee plus late fee WILL be applied if estate later filed.**

**OFFICE USE ONLY: FEES WAIVED**

Veteran

Child

Financial