

MEMORANDUM

DATE: 6/24/2014

FROM: THE YORK COUNTY CORONER'S OFFICE, YORK, PENNSYLVANIA

TO: ALL FUNERAL HOMES REQUESTING CREMATION AUTHORIZATION FROM THE YORK COUNTY CORONER'S OFFICE

INSTRUCTIONS FOR CREMATION AUTHORIZATION FORM COMPLETION

EFFECTIVE **TUESDAY, JULY 1, 2014**, the York County Coroner's Office now requires a \$50.00 authorization fee for the approval/administrative processing of all York County cremation requests. Included in this fax is a blank copy of our NEW Cremation Authorization form (for the funeral home to print out) and a sample of a form that has been completed as an example.

GENERAL INFORMATION -- The individual funeral home can complete the blank form in one of two ways: (1) The blank form can be printed and completed by hand or typed, and then faxed to us. (2) Or it can be saved as a WORD template (which we can email the funeral home at their request), and the funeral home can enter their info in the various highlighted fields in the top portion, print it out and then fax it to us. *NOTE: The blank form is NOT a formfill pre-formatted form (we don't have that capability at present), so when the funeral home types their info in when using it as a saved WORD document/template, some of the lines may bump down due to re-formatting. Be sure all the lines are included.*

COMPLETION OF FORM -- The funeral home should complete the TOP UNDERLINED SECTION ONLY (as per the sample), then FAX the authorization/approval request to us along with a signed, completed death certificate. We will send the approval back to the funeral home, completing the middle section as shown. **If requesting a waiver, please complete as directed.**

Checks are to be made payable to the "York County Treasurer" and mailed to that office, as noted on the form, completing the bottom invoice section with the funeral home name and decedent's name and the funeral home's check number. As multiple invoices will often be attached to one check from the funeral home, this section does NOT have to be completed for the Coroner's office -- only for the County Treasurer's office when sending the checks to the Treasurer. It is attached to the permit form for your record-keeping convenience, and if multiple invoices will be on one check, the Treasurer is asking that they be sent in **at least monthly or more frequently**, if able.

As sometimes the coroner or deputy coroners are out of the office when the requests come in, if we are going to be out for a few hours or more, Vivian will be sending us the scanned requests with the death certs encrypted as a secure email. We will then give her approval, she will fax the approval back to the funeral home and we will sign on our return to the office. (We will have the signed copies here if requested, and the initial written authorization will always be sent to the funeral homes with the name of the person who authorized the cremation.)

If you any questions or need clarification, please call us at 717-840-7617.

**REQUEST FOR CREMATION APPROVAL FROM THE OFFICE OF THE CORONER
YORK COUNTY, PENNSYLVANIA**

**Instructions: Please complete this form and attach a copy of the Certificate of Death; send by facsimile or courier to: York County Coroner, 118 Pleasant Acres Rd., York, PA 17402
PH 717-840-7617 FAX 717-840-7618 *There is a \$50 fee for cremation approval in York County.***

DATE 6/25/2012 REQUESTING FUNERAL HOME SMITH'S FUNERAL HOME & CREMATORY

CREMATORY NAME SMITH'S FUNERAL HOME & CREMATORY

FUNERAL HOME ADDRESS 225 SOUTH MAIN STREET

CITY/STATE/ZIP YORK, PA 17401

RETURN FAX [FUNERAL HOME (AREA CODE) FAX NUMBER HERE]

**THE ABOVE REFERENCED FUNERAL HOME HEREBY REQUESTS APPROVAL FOR THE
CREMATION OF: (NAME OF DECEASED) RUTH ANN SELLERS
WHO DIED ON (DATE) JUNE 24, 2012 at 4:00 AM/PM**

*A FEE WAIVER (York Co. Resolution 2014-07) is requested because: ___ Decedent is less than 18 years of age OR ___ Decedent is 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.**

A copy of a valid and signed Certificate of Death MUST be attached.

The York County Coroner, York, PA, grants approval for cremation of the remains of the above deceased any time after (date) _____ at _____ AM/PM. This 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 the manner of death is "pending investigation", the Coroner certifies that all tissues and bodily fluids required to complete said investigation have been retained, and permission to cremate the remains is granted without qualification. Coroner/Deputy Coroner PAMELA L. GAY, R.N., Vivian Howell, Administrative Asst./ Permit # 0612-25-01

Please allow a 4-hour response time during business hours. Requests faxed to the Coroner's office, 717-840-7618, will be answered Monday through Friday, 8 a.m. to 4 p.m. NOTE: Submit E-fax requests only to 717-222-5500, Friday 4 p.m. through Saturday @ 12 noon. All other requests will be attended to during the next business day.

YORK COUNTY CORONER – CREMATION AUTHORIZATION INVOICE

Please detach or send a photocopy of this invoice along with payment of \$50.00 to:
Office of York County Treasurer, 28 E. Market Street, York, PA 17401
Make check payable to "Office of York County Treasurer"

Funeral Home Name **SMITH FUNERAL HOME & CREMATORY**

Decedent Name **RUTH ANN SELLERS**

Due 30 days from Receipt: **\$50.00** Check # **1212**

**Note: Multiple invoices may be sent together and paid for with one check.
Please be sure to include an invoice for each cremation request.**

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Date _____ Requesting Funeral Home _____

Crematory Name _____

Address _____

City/State/Zip _____

Return Fax (_____) _____

The above-referenced funeral home hereby requests approval for the cremation of:
(name of deceased) _____ who died on
(date) _____ at _____ AM/PM

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Coroner/Deputy Coroner _____ /V. Howell, Administrative Asst. _____
Permit # _____ *Please allow a 4-hour response time during business hours. Requests faxed to the Coroner's office, 717-840-7618, will be answered Monday through Friday, 8 a.m. to 4 p.m. PLEASE NOTE: Submit E-fax requests only to 717-222-5500, Friday 4 p.m. through Saturday @ 12 noon. All other requests will be attended to the next business day.*

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