BEXAR COUNTY MEDICAL EXAMINER'S OFFICE
D. KIMBERLEY MOLINA, M.D.
CHIEF MEDICAL EXAMINER

7337 Louis Pasteur Drive, San Antonio, Texas 78229-4565
PHONE (210) 335-4001 FAX (210) 335-4002

"Accredited by the National Association of Medical Examiners"

CREMATION PERMIT REQUEST FORM

ME CASE:☐YES OR ☐NO ME CASE #

EDR # **(ON NON-ME CASES, EMAIL ONLY AFTER CASE HAS BEEN CERTIFIED)**

DECEASED'S NAME:

DATE OF DEATH: **DOB:**

PLACE OF DEATH:

NOK NAME **NOK PHONE #**

CEMETERY/CREMATORY:

ADDRESS:

CITY/STATE/ZIP:

FUNERAL HOME:

ADDRESS:

CONTACT PERSON: **PHONE #**

EMAIL ADDRESS (required):

SEND COMPLETED FORM BY EMAIL TO: frontdesk@bexar.org

NOTE: THE DEATH CERTIFICATE MUST HAVE THE AGE, DOCTOR'S SIGNATURE, CAUSE AND MANNER OF DEATH. IF THE CAUSE OF DEATH IS DUE TO A FRACTURE OF ANY KIND THE DEATH MUST BE REPORTED TO OUR INVESTIGATORS AT (210) 335-4011.

Cremation Permit is required in accordance with the Texas Code of Criminal Procedure, Chapter 49 Inquests Upon Dead Bodies, Article 49.25 Medical Examiners, Section 10 Disinterments and Cremations - Before any body, upon which an inquest is authorized by the provisions of this Article, can be lawfully cremated, an autopsy shall be performed thereon as provided in this Article, or a certificate that no autopsy was necessary shall be furnished by the medical examiner. Before any dead body can be lawfully cremated, the owner or operator of the crematory shall demand and be furnished with a certificate, signed by the medical examiner of the county in which the death occurred showing that an autopsy was performed on said body or that no autopsy thereon was necessary. It shall be the duty of the medical examiner to determine whether or not, from all the circumstances surrounding the death, an autopsy is necessary prior to issuing a certificate under the provisions of this section.