

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

Complete this form and attach a copy of the Certificate of Death;
send by courier, mail or facsimile to the
Office of the Coroner, 2080 Spring Valley Road, Lancaster, PA 17601
Fax 717-735-2138
The fee for this cremation approval is **\$60.00**.

Date _____ Requesting Funeral Home _____

Address _____

Email _____

Phone# (_____) _____ Return Fax# (_____) _____

Name of Crematory _____

The above-named funeral home hereby requests
approval for the cremation of (name of deceased) _____

who died on (date) _____ at _____ AM/PM

A valid and signed Certificate of Death MUST be attached

The Coroner of Lancaster County grants approval for cremation of the remains of the above deceased

ANYTIME AFTER (date) _____ at _____ AM/PM

Chief Deputy Coroner Eric Bieber _____
First Deputy Coroner Casey Buckley _____
Deputy Coroner Anne Lewis _____
Deputy Coroner Joshua Swayze _____
Deputy Coroner Denise Padoll _____

Deputy Coroner Riley Demeritt _____
Deputy Coroner Madyson Love _____
Deputy Coroner Dr. Richard Graff _____
Deputy Coroner Holly Stavarski _____

(Signed) _____

**Invoices will be emailed or faxed at the beginning of each month. Please send a photocopy of the
invoice along with full payment to:**

Office of Lancaster County Coroner, 2080 Spring Valley Road, Lancaster, PA 17601
Make check payable to Office of Lancaster County Coroner

For your records

Name (Funeral Home): _____

Decedent's Name: _____

Due 30 Days:
From Receipt
\$60.00

Check #: _____