



**Office of the State Medical Examiners
Affidavit for Cremation of Gifted
Bodies or Body Parts**

I, _____, am employed by _____

Employer's address: _____

My job title is: _____

In my capacity as an employee of the above-named organization, I have examined records regarding the death of the following individual:

Decedent: _____

Date of birth: _____ Date of death: _____

State/Commonwealth of death: _____

Country of death: _____

I certify that I have personally reviewed the cause and manner of death for the above-named decedent and have attached the document(s) with this Affidavit. Upon such inquiry, it is my opinion that no further judicial inquiry or examination concerning this death is needed.

The attached document(s) is an exact copy of the original document(s) which is authorized by law to be recorded or filed and is recorded or filed with the authorized jurisdiction.

I have compared each copy with the original document and certify that the copy is an exact duplicate of the original document.

County of: _____

State of: _____

I, _____, on oath depose and say that I have personal knowledge of the facts alleged therein.

Signature: _____

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Public: _____ My commission expires: _____