

MEDICAL EXAMINER OF COOK COUNTY

FAX CREMATION PERMIT ORDER FORM

Cremation Permit Desk Phone Number 312-997-3025

Fax # 312-997-3001

Name of Funeral Home: _____

Funeral Home Phone Number: _____

Funeral Home Address: _____

Funeral Home **Account** Number: _____

Funeral Home **FAX** Number: _____

Funeral Home Contact Name: _____

Email Address: _____

ONLY this Cover Sheet and Notarized Cremation Authorization needs to be sent .

PRINT CLEARLY AND AS NAME APPEARS IN IVRS

Name of Deceased: _____

Date of Death: _____

MEDICAL EXAMINER USE ONLY

After this permit, your Cremation Account Balance is \$ _____

Name of Medical Examiner Representative issuing permit: _____

Date Issued: _____

DO NOT CALL TO CONFIRM RECEIPT OF YOUR REQUEST
PLEASE DO NOT SEND FAX PAPERWORK UNTIL IVRS IS COMPLETE.
CHECK YOUR STATUS OF THIS REQUEST BY OPENING THE COMPLETE TAB FOR THE 204.1 "Y"
THERE IS A 2 HOUR WINDOW FOR COMPLETION.