



**Indiana**  
Department  
of  
**Health**




Eric J. Holcomb  
*Governor*

Kristina M. Box, MD, FACOG  
*State Health Commissioner*

## MEMORANDUM

**Date:** January 6, 2020

**To:** County Coroners, Funeral Directors, and Local Health Officers

**From:** D. Shane Hatchett, Chief of Staff  Hilari Sautbine, JD, State Registrar and Director, Vital Records

**Subject:** VR Memo 2021-01 - Coroner's Jurisdiction for Deaths and Cremation Release

Due to the exigent circumstances of the current public health emergency and to prevent undue hardship upon the family of the deceased or funeral director, a County Coroner can discuss the death with the physician, physician assistant, or advanced practice registered nurse to determine the appropriateness of cremation after reviewing the circumstances of death (IC 23-14-31-27(a)(3)). If cremation is authorized, the County Coroner shall complete the attached form or a substantially similar form in their medical examiner system.

The Authorization for Disposition of Remains form does not replace the death certificate. A death certificate must be certified by the physician, physician assistant, advanced practice registered nurse last in attendance (IC 16-37-3-3). In the event that a physician, physician assistant, advanced practice registered nurse is unable to certify the death certificate, a local health officer is permitted to obtain sufficient information to determine cause of death and shall then certify the record (IC 16-37-3-6).

Questions about this guidance or DRIVE can be directed to [DRIVE@isdh.in.gov](mailto:DRIVE@isdh.in.gov).

To **promote**, **protect**, and **improve** the health and safety of all Hoosiers.

## AUTHORIZATION FOR DISPOSITION OF REMAINS

Name of Deceased		Case #	Date Received	Time Released		
Date of Death	Time of Death		Sex	Race	Date of Birth	Age
Address of Deceased		City	State	Zip		
Date of Death	Time of Death		Location of Death			
Funeral Home			Funeral Home Address			
Funeral Home Representative		Funeral Home	City	State	Zip	
Autopsy Requested? ___ YES ___ NO	Autopsy Performed? ___ YES ___ NO	Where Autopsy Performed		Doctor Performing Autopsy		
Cause of Death		Manner of Death		Mechanism of Death		
Person Certifying Death		Permission to Dispose of Remains ___ Yes ___ NO		Type of Disposition		

Authorized Signature of Coroner's Office

\_\_\_\_\_ Authorized Signature of Coroner's Office

\_\_\_\_\_ Title

\_\_\_\_\_ Date Authorized