



Office of Justice of the Peace Clay County, Texas

Cremation Authorization Request Form

Date of Request _____ Time of Request _____

Requester Name: _____

Requester Email Address: _____

Requester Phone: _____ Fax: _____

Funeral Home or Crematory _____

City/State _____

Phone: _____

Name of Decedent: _____

Date of birth: _____ Race: _____ Gender: _____

Date of Death: _____ Time of Death: _____ a.m./p.m.

Physician: _____ Phone: _____

Signature _____