

GREG L. SHORE, D-ABMDI
CORONER
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OFFICE **OF THE CORONER**
BRT/CREMATION PERMIT REQUEST

BRT:

CREMATION PERMIT:

Date: _____

Requested By: _____

Mortuary/Funeral Home: _____

Mortuary/Funeral Home Address: _____

Mortuary/Funeral Home: Phone: _____ Fax: _____

E-Mail Address: _____

(COMPLETE FOR BRT and/or CREMATION PERMIT)

Decedent Name: _____ **Age:** _____

Race: _____ **Sex:** _____ **DOB:** _____ **SSN:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Death: _____ **Time of Death:** _____

Place of Death: _____

Pronounced By: _____ **Certifying Physician:** _____

Certifying Physician Address: _____

Physician Phone: _____ **If Hospital Death:** DOA In-Patient Emer. Rm Out-Patient

Autopsy: Yes No **Was Case Referred to Medical Examiner/Coroner:** Yes No

Next of Kin: _____ **Phone:** _____

Next of Kin Address: _____

Relationship: _____

Cause of Death: _____

**** Cremation Permit Request Requires A Copy of Certified Death Certificate, BRT, and Cremation Authorization**

PLEASE **EMAIL** ALL REQUESTS & DOCUMENTATION