



## Office of the State Medical Examiners Certificate for Cremation

**Before removing a body to a Crematory, the Funeral Director MUST obtain a completed Certificate for Cremation from the Office of the State Medical Examiners.**

Case Number:

1. Name of decedent		2. Date of death	
3a. Place of death	3b. City/Town	4. Age	
5. Cause of Death			
6. Autopsy (Yes or No)		7. Physician	
8. Funeral home			

*I hereby certify that I have made inquiry into the cause and manner of death. After such inquiry, it is my opinion that no further examination or judicial inquiry concerning this death is necessary. Permission is herewith given to cremate the body or parts of the body of the decedent named above.*

9a. Signature of Medical Examiner	9b. Date signed
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Rhode Island Department of Health, Office of the State Medical Examiner  
48 Orms Street, Providence, RI 02904

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### To be Completed by Crematory

10a. Name of crematory	10b. Date cremated
10c. City/Town	10d. State

***The Crematory shall send the original completed form to RIDOH's Center for Vital Records (3 Capitol Hill, Room 101, Providence, RI 02908) and shall retain a copy of this completed form for its records.***