ONLINE CREMATION AUTHORIZATION REQUEST GUIDE

1. Access the Allegheny County Office of the Medical Examiner website and navigate to the Funeral Home Resources Section. Select "Online Cremation Authorization Request"

HOW DO I SEE MORE
🛦 > Government > Legal & Public Safety > Medical Examiner > Funeral Home Resources
Funeral Home Resources
Forms
Release of Remains Form
Autopsy Waiver Form
Autopsy and Toxicology Results Request Form
Release of Rights to Another Person Form
Release of Rights to the County Form
Cremation Authorization Request
The Allegheny County Office of the Medical Examiner (ACOME) is responsible for authorizing all cremations request for decedents of Allegheny County. ACOME will determine if authorization is granted upon review of the formal request and a valid and complete PA State Death Certificate. There are two methods to request a cremation authorization.
1. Fax
Fax the funeral home letter head indicating the name of the funeral home, phone and fax numbers of the funeral home and the valid
and complete death certificate to 412-350-4899. Upon completion of the authorization, a signed authorization form will be faxed
back to the designated Funeral Home fax number.
2. Online
Utilizing the link below, complete the data entry cremation authorization request fields *all are required*. It is required to upload a
valid and complete death certificate. At the bottom of the request field there is an option to select return of the cremation
authorization via email or fax. The email will only be sent to a valid funeral home email address. If you are unsure if your funeral
home email address is on file with ACOME, please call 412-350-4800 and ask to speak with a supervisor.
ONLINE CREMATION REQUEST
Please be patient and understanding as we process the high volume of cremation authorization requests. The members of ACOME will
respond as quickly as possible to your request.

2. The following Cremation Authorization Request form will appear.

Online Cremation Authorization Requests				
* Required Fields				
Deceased's Information				
Lact Name*		Date of Death*		
LAST NAME		mm/dd/yyyy		
Elect Named		Data of Gramations		
FIRST NAME		mm/dd/www		
Middle Initial				
MIDDLE INITIAL				
Cause of Death*				
Describe cause of death here				
Manner of Desth*				
- Select Manner of Death -	M			
Physician Information				
Physiolan License Number	Physiolan Last Name			Physiolan First Name
Physician License Number	Physician Last Name			Physician First Name
Physiolan Address Line 1				
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3. Complete the entire form including all fields with the information provided on the Death Certificate. If the information is not completed properly, it may delay your authorization being approved. NOTE: The Date of Cremation must be on or after the date of the request. A cremation authorization will NOT be issued with a date in the past.

Onli	ne Cremation Authorization Requests				
* Regula	d Fields				
	Deceased's Information				
	Last Name*		Date of Death* Date of Death is Required		
	LAST NAME		mmidd/yyyy		
	First Name*		Date of Cremation* Date of Cremation is Required		
	FIRST NAME		mmidd/yyyy		
	Middle Initial				
	MIDDLE INITIAL				
	Cauce of Death*				
	Describe cause of death here				
	Manner of Destin•				
	- Belect Manner of Death -				
	Physician Information				
	Physiolan License Number	Physiolan Last Name			Physiolan First Name
	Physician License Number	Physician Last Name			Physician First Name
	Physiolan Address Line 1				
	Physician Address Line 1				
	Physiolan Address Line 2				
	Physician Address Line 2				
	Physiolan City	Physiolan State*			Physiolan Zip
	City	- Select State		×	Zip

4. Select the specific Funeral Home (verify the correction address location) requesting the Cremation Authorization. This is the Funeral Home that will subsequently be billed as well.

Funeral Home Information	
Check here if your funeral home is not listed below	
Select Funeral Home	

5. If the Funeral Home is not listed, select the check box and the fields will appear to provide the Funeral Home information.

Funeral Home Information			
Funeral Home Name*			
2 Check here if your funeral home is not listed below			
- Select Funeral Home -			
New Funeral Home Name*	New Funeral License Number	New Funeral Home Address	New Funeral City
New Funeral Home State*		New Funeral Home Zip	New Funeral Home Phone Number
- Select State -			
New Funeral Hone Name*	New Funeral Lisasce Number	New Funnsi Hone Address Wee Funnsi Hone Zp	New Funces City

6. Response Method

Cremation Authorizations can be emailed or faxed to the funeral home.

If you are unsure if the correct email address is already on file with the ACOME please be certain to specify where the request is to be sent.

Response Method*		
Choose how you want	o receive the Cremation Authorization.	
O Use my email/fax o	n file with the ME's Office	
 Use this method: (i 	nust complete either Email or Fax if choo	osing this option.)
Email		
Fax		

7. Upload of the Death Certificate and/ or Medical Certification

Use the Browse button to locate the file you would like to upload. Once the file is selected it is imperative that you select Upload File.

Please upload any documentation supporting the Cremation Authorization.		
[Browse	
Upload File		

8. Once the file has been uploaded a confirmation will appear as seen below.

Please upload any documentation supporting the Cremation Authorization.		
	Browse	
Upload File The file has been uploaded		

Once the Submit button is selected the Cremation Authorization Request will be sent to ACOME to be processed. Please be patient and understanding as we process the high volume of cremation authorization requests. ACOME staff will respond as quickly as possible to your request.