



LOCAL HEALTH DEPARTMENT WAIVER AND RELEASE TO CREMATE

State Form 57415 (5-24)
INDIANA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS

The _____ certifies that there is no
Office of the County Health Officer

further need of the body of _____, who
Name of the Deceased

died on the _____ day of _____, 20__ at
Day of Death Month of Death

_____ in _____ County.
Location of Death County of Death

The 48-hour waiting period no longer applies in accordance with Indiana Code 23-14-31-36.

This waiver is issued on _____.
Current Date (Month, Day, Year)

Approved and signed by: _____
Signature of Local Health Officer

Printed name of Local Health Officer