



Washington County Medical
Examiner's Office

500 Rolfs Avenue, Room 1130
West Bend, WI 53090-2603
(262) 335-4460
FAX (262) 335-7715

Cremation Request Form

Decedent Information

Name of deceased: _____

DOB: _____ DOD: _____ Age: _____

Death Certificate Certifier: _____

Location of Death: _____

Name & Location of Funeral Home: _____

Is body ready for view? Yes No

If no, when? _____

****Please return this completed form to wcmeo@washcowisco.gov****

Outside county funeral homes, please call 262-335-4460 to schedule a view at our
morgue in West Bend, WI.