

# Request a Cremation Permit Online

These instructions are for funeral homes to reference when requesting a cremation permit online from the Collin County Medical Examiner Office. It is important that the funeral home representative complete all of the steps outlined in this document for the permit to be issued in a timely manner. Skipping any of the eight (8) steps listed in this document will delay the processing of the permit.

Step 1: Click on the link provided to you by Collin County Medical Examiner Office.

Step 2: Populate Funeral Name, Email, Phone Number, and Address fields. Then verify that the death occurred in Collin County (No Refunds)

### Collin County Cremation Permit Request



**Name of Funeral Facility \***

**Email \***

**Phone Number \***  
10 digit with dashes  
  
Example 972-123-4567

**Complete Address of Funeral Facility \***

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

**County of Death \***  
PLEASE VERIFY - NO REFUNDS

Collin County

Step 3: Populate the Deceased Last Name, First Name, Race, sex, and Place of Disposition fields. Then upload the “Death Certificate Worksheet” and click the “Submit” button.

**County of Death \***

PLEASE VERIFY - NO REFUNDS

Collin County

**Legal Name of Deceased**

**Last Name \***

Doe

**First Name \***

John

**Middle Name**

**Also Known As**

**Race \***

Caucasian

**Sex**

Male  Female

**Place of Disposition \***

(Name of Cemetery, Crematory, other place)

Crematory R Us

**Death Certificate Worksheet \***

Upload

Submit

Step 4: Wait until Certified Payments page loads and select the type of payment.

NOTE: Certified Payments charge a \$1 convenience fee for credit card payments and \$1.50 convenience fee for e-check payments.

1-866-539-2020



Please choose one of the following payment methods:



### INVOICE INFORMATION

Invoice Item		Amount
Electronic: Medical Examiner Permit	\$	25.00
Subtotal	\$	25.00
Convenience Fee	\$	Choose a payment method to calculate.
Total	\$	25.00

Step 5: Populate the payment information First Name, Last Name, Billing Address, Telephone Number, and Email address. Then click the “Next” button.

### PAYMENT INFORMATION

Note: **Bold** fields are required.

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Card Number	<input type="text" value="...1234"/>
Expiration Date	<input type="text" value="1"/> / <input type="text" value="2018"/>
Security Code	<input type="text" value="123"/> <a href="#">How to Find Your Security Code</a>

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First Name	<input type="text" value="Fred"/>	Billing Address	<input type="text" value="123 Fox Lane"/>
Middle Name	<input type="text"/>	(continued)	<input type="text"/>
Last Name	<input type="text" value="Fox"/>	City	<input type="text" value="McKinney"/>
Name Suffix ⓘ	<input type="text"/>	State	<input type="text" value="TX"/>
		Country	<input type="text" value="United States"/>
		Postal Code	<input type="text" value="75069"/>
		Telephone	<input type="text" value="1234567890"/>
		Email	<input type="text" value="fred@foxfuneralfacility.com"/>

Step 6: Review the payment information, click the “I’m not a robot” CAPTCHA checkbox, and then click the “Process Payment” button.

**CERTIFIED PAYMENTS**

### REVIEW PAYMENT

Invoice Item	Amount	Conv. Fee	Item Total
Electronic: Medical Examiner Permit	\$ 25.00	\$ 1.00	\$ 26.00
<b>Totals:</b>	<b>\$ 25.00</b>	<b>\$ 1.00</b>	<b>\$ 26.00</b>

### PAYMENT INFORMATION

Please review the items below for their correctness. When you are ready to process the transaction, click the Process button at the bottom.

Visa Card Number ...1234

Expiration Date 01/18

Security Code 123

Name Fred Fox

Billing Address 123 Fox Lane  
McKinney TX, 75069

Telephone 1234567890

Email fred@foxfuneralfacility.com

I'm not a robot 

Step 7: Confirm the payment by clicking the “Yes” button.

**CERTIFIED PAYMENTS** 1-866-539-2020

### REVIEW PAYMENT

Invoice Item	Amount	Conv. Fee	Item Total
Electronic: Medical Examiner Permit	\$ 25.00	\$ 1.00	\$ 26.00
<b>Totals:</b>	<b>\$ 25.00</b>	<b>\$ 1.00</b>	<b>\$ 26.00</b>

#### CONFIRM PAYMENT

Do you want to process this payment?  
You will not be able to change any information after you click the **Yes** button.

Step 8: Your purchase is now complete. Select the “Back to Cremation Permit” button if you would like to start a new request or close the browser.

## Purchase Completed

Order confirmation Number : 1234567890

[Back to Cremation Permit](#)

### Collin County Cremation Permit Request



**Name of Funeral Facility\***  
Fox Funeral Facility

**Email\***  
fred@foxfuneralfacility.com

**Complete Address of Funeral Facility\***

Street Address	State / Province / Region
123 Fox Lane	TX
Address Line 2	Country
City	United States
McKinney	
Postal / Zip Code	
75069	

**County of Death\***  
PLEASE VERIFY - NO REFUNDS

Collin County

Legal Name of Deceased