

BURIAL-TRANSIT PERMIT

Orange
County

Name of Deceased	Date of Death (month, day, year)
------------------	----------------------------------

Place of Death (Name of Institution or Street Address)	City	County Orange
--------------------------------------------------------	------	------------------

Name and Address of Attending Physician

Destination (Name and Address)

Name and Address of Funeral Home

<i>A Notification of Death having been filed, permission is hereby granted to remove the body from this state.</i>	Date Issued
--------------------------------------------------------------------------------------------------------------------	-------------

Signature of Local Registrar, Deputy Registrar or Sub-Registrar	Address
-----------------------------------------------------------------	---------

IMPORTANT INSTRUCTIONS ON BACK OF FORM.

DHHS 1184 (Revised 04/2014)
N.C. Vital Records

Funeral Director's Copy – White

Local Registrar's Copy – Pink

Instructions for Completing Burial-Transit Permit

1. This Burial-Transit Permit may be issued *only* for removal from the state of bodies not under medical examiner jurisdiction.
2. The local registrar of the district where death occurred or his agent may issue this permit only on receipt of a properly completed notification of death.
3. A death certificate must be filed within 5 days after death.

IMPORTANT NOTICE: *This form may not be issued for medical examiner cases. The signature of the medical examiner on the Certificate of Death (Form DHHS 1872) must be obtained prior to removal from the state or any other disposition of a medical examiner case.*