

**PERMIT FOR
DISINTERMENT/REINTERMENT**

_____ County

| | | |
|--------------------------------|---------|---------------|
| Name of Deceased | | Date of Death |
| Present Place of Burial (Name) | Address | |
| Place of Reinterment (Name) | Address | |
| Name of Funeral Home | Address | |

I certify that (I am) (we are) the nearest kin of the deceased, and that to the best of (my) (our) knowledge there is no objection on the part of any member of the immediate family to this action. I (we) hereby authorize the removal.

| | | |
|------------------|----------------|------------------------------------|
| Signature: _____ | Address: _____ | Date: _____ Relationship: _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Not valid until signed by Local Registrar or Deputy Registrar of the County of Disinterment

| | | |
|---|---------------------|-------------------------------|
| <i>The laws of this state having been complied with, permission is hereby granted to disinter and reinter the remains as indicated above.</i> | | Date issued |
| Signature of Local Registrar or Deputy | Address | |
| Date of Disinterment | Date of Reinterment | Signature of Funeral Director |