

Place of Death

County _____
 Township _____
 City _____

STATE DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS

Permit No. _____

Reg. Dist. No. _____

Burial, Removal or Cremation Permit

Full name _____ Age _____ Sex _____ Color _____

Cause of death _____ Date of death _____ 19 _____

Place of burial, removal or cremation _____ Via _____

Physician _____ Address _____

Funeral Director _____ Address _____

A certificate of death having been filed in my office in accordance with the laws of the state, I hereby authorize the _____ of the body of said deceased person as stated above.
 (burial, removal or cremation)

Dated _____ 19 _____ Registrar's name _____

Address _____

Burial permits must be delivered by the funeral director to the superintendant or other person(s) in charge of the burial ground or cemetery where a burial takes place. When the body is to be shipped to a point requiring the service of a common carrier do not use this form but ship on transportation of corpse permit as required by the State Department of Health. For full particulars see rules and regulations governing the transportation of dead bodies.

Superintendent's signature _____ Date of interment _____ 19 _____

This permit must be endorsed by the superintendent and given to the Local Registrar of the district in which the cemetery is located within ten days after interment.

BURIAL PERMIT**Print** on ordinary white paper.**Trim** at black crop marks.

Enter information by hand or with a typewriter.

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Questions? Ask them.
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