

BURIAL-TRANSIT PERMIT

County

Name of Deceased

Date of Death (*month, day, year*)

Place of Death (*Name of Institution or Street Address*)

City

County

Name and Address of Attending Physician

Destination (*Name and Address*)

Name and Address of Funeral Home

A Notification of Death having been filed, permission is hereby granted to remove the body from this state.

Date Issued

Signature of Local Registrar, Deputy Registrar or
Sub-Registrar

Address

IMPORTANT INSTRUCTIONS ON BACK OF FORM.