

APPLICATION FOR DISINTERMENT PERMIT

Please print or type

1. Full Name of Deceased: _____

2. Date of Death: _____
month day year

3. Place of Death: _____
city county state

4. Place of Interment:
a. Cemetery _____

b. _____
Section Block Lot Space Unknown

c. _____
City County State

5. Place body is to be reinterred:
a. Cemetery _____

b. _____
Section Block Lot Space Unknown

c. _____
City County State

6. Funeral Director:
a. Name _____

b. License Number _____

c. Name of Funeral Home _____

d. Address of Funeral Home _____

e. Telephone Number () - _____

7. As a basis for this application, I state that I will, in the disinterment of this body, abide by and obey the State Statutes of Texas, local ordinances, and regulations of the cities and counties in which the disinterment and reinterment are to take place. I further state that to my knowledge, there is no legal impediment to the disinterment and I have enclosed the required permission of all parties involved.

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Chapter 195.003, Health and Safety Code)

_____ date

_____ signature of Funeral Director

This application, the consent form(s) and the \$25.00 fee must be sent to:

Vital Statistics Unit
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040



This fee rate was set by the Texas Board of Health and not by the Texas Legislature.

OFFICIAL USE ONLY:

Date Approved: _____

Date Issued: _____

State File Number: _____

_____ signature of State Registrar