

COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF VITAL STATISTICS

\_\_\_\_\_ County Health Department

PERMIT FOR DISINTERMENT AND REINTERMENT IN THE SAME CEMETERY

Permission is hereby granted for disinterment and reinterment of the remains of the individual listed below. This permit is issued solely to authorize the transfer of these human remains from one gravesite to another gravesite in the same cemetery. The Sexton of the cemetery or, if there is no sexton, the person or firm responsible for the transfer, must certify the dates of disinterment and reinterment, and return this permit to the Local Registrar within ten days following reinterment.

If disinterment and reinterment do not both occur between sunrise and sunset of the same day, explain below the reason for the delay, and the location of the body during the interval between disinterment and reinterment.

Name of deceased: \_\_\_\_\_ Age at death: \_\_\_\_\_  
Name of cemetery: \_\_\_\_\_

Name and address of person or firm responsible: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The person or firm listed above has provided a court order or written next of kin permission.

Local Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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This is to certify that the remains identified above were disinterred on \_\_\_\_\_ and reinterred on \_\_\_\_\_ and that the work was performed under the direction of \_\_\_\_\_.

(Responsible Party/Sexton Signature) \_\_\_\_\_

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This permit, properly endorsed by the sexton, was returned to my office for permanent retention on \_\_\_\_\_.

Local Registrar Signature \_\_\_\_\_ Date: \_\_\_\_\_

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NOTES: \_\_\_\_\_  
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