OVERNMENT OF THE DISTRICT OF COLUMBIA	DISINTERMENT PI	ERMIT
Center for Policy Planning and Evaluation Vital Records Division		
THIS PERMIT MUST IN ALL CASES ACCOMPANY THE BODY TO ITS DESTINATION		
DECEDENT'S FULL NAME:		
DATE OF DEATH://	PLACE OF DEATH:	AGE:
RACE:	SEX:	
PLACE OF DISPOSITION:		
representative have entitlement to make the above	additions/corrections to the birth record each occurrence shall be imposed on: A ee when submitting information required cord, including any associated evidence n of a vital record; tal records; or	
		(Representative), this permit is hereby given to
to_		r and transfer the above referenced remains from
to(Month, Day, Year)////		for reinternment on
Signature Director, DC Health		Date
Official Seal:		

An application for disinterment and reinternment shall be (a) Signed by the next of kin or presentative of the deceased and by the person who is in charge of the disinterment, and (b) Approved by the Director of DC Health (DCMR 29-2813).

If you see something, say something. Report fraud, waste abuse and mismanagement in the Government of the District of Columbia to the Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at holine.oig@dc.gov, by TTY at 711, or by mail. Office of the Inspector General 717 14th Street, NW 5th Floor Washington, DC 20005

For additional information, visit the Office of the Inspector General's website at https://oig.dc.gov/

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