

DISINTERMENT PERMIT
Center for Policy Planning and Evaluation
Vital Records Division

THIS PERMIT MUST ACCOMPANY THE REMAINS TO THE PLACE OF FINAL DISPOSITION.

DECEDENT'S FULL NAME: _____

DATE OF DEATH: ____/____/____ PLACE OF DEATH: _____

RACE: _____ SEX: _____

CAUSE OF DEATH: _____

PLACE OF DISPOSITION: _____

I hereby certify and affirm that I as the applicant (informant, next of kin or legal representative) have entitlement to make the above additions/corrections to the death record referenced above. A fine of not more than \$12,500, or imprisonment of not more than 2 years, or both, for each occurrence shall be imposed on: Any individual who willfully and knowingly makes a false statement to the Registrar or the Registrar's designee when submitting information required by this act, in connection with:

- (A) A report;
- (B) A request to amend or correct a vital record, including any associated evidence
- (C) request for a certified copy or verification of a vital record;
- (D) A request for access to information in vital records; or
- (E) A request for creation of a vital record, including delayed records.

An application for disinterment and re-interment shall be (a) signed by the informant, next of kin or legal representative 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).

Name of Applicant: _____ Relationship to the deceased: _____

Address of Applicant: _____

Applicant's Phone Number: _____ Applicant's Email: _____

Signature of Applicant: _____ Date: _____

Signature of Cemetery Manager: _____ Date: _____

In accordance with the application submitted by _____ this permit is hereby given to _____ (Place of Disposition) to disinter and transfer the above referenced remains from _____ to _____ for reinterment on _____/_____/_____ (Month, Day, Year)

DC Health Director Signature _____

Date _____