

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

APPLICATION FOR PERMIT TO DISINTER AND REINTER IN SAME CEMETERY

_____ County Health Department/Center
_____ Kentucky

Name of Deceased: _____ Date of Death: _____

Age at Death: _____ Place of Death: _____

Name of Cemetery: _____ Date(s) of Removal: _____

Name and Address of Responsible Person or Firm: _____

I hereby certify that the information above is accurate and complete to the best of my knowledge. I am familiar with, and will abide by all applicable laws and regulations relating to the burial of human remains and disinterment procedures.

(Requestor's Signature) (Date)

Approved: _____ Date: _____ Permit No. _____
(Local Registrar Signature)

NOTE: If reinterment is to be in a different cemetery or a different method of disposal is planned, the Permit must be obtained from the State Registrar in the Office of Vital Statistics.

INSTRUCTIONS FOR LOCAL DISINTERMENT PERMIT

Applicant completes the local disinterment application (VS-35A) and returns the completed form to the county health department in which the disinterment/reinterment will occur.

Local Registrar makes sure the application is complete. If the application is complete, the Local Registrar will issue the Permit for Disinterment and Reinterment in the same cemetery.

Local Registrar stamps the permit with the raised seal for the county, and makes a copy of the permit for retention until the permit is completed and returned by responsible parties.

The Local Registrar affixes the original permit to the application for permanent retention in the local office.