

**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: _____

Local Registrar Signature: _____ Date: _____

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) _____

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

Local Registrar Signature _____ Date: _____

NOTES: _____

