

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

APPLICATION FOR DISINTERMENT PERMIT

Name of Deceased: _____ Date of Death: _____
Place of Death: _____
Present Grave Site (Cemetery): _____
Town, City, State: _____
New Grave Site (Cemetery): _____
Town, City, State: _____
Date of Removal: _____

I hereby certify that the information above is accurate and complete to the best of my knowledge; that the next-of-kin (See note 3) have requested this disinterment in writing or the disinterment is authorized by court order (**a copy of such MUST be attached to this application**); and I am familiar with, and will abide by, all applicable laws and regulations relating to the establishment and abandonment of cemeteries and the custody, transportation, and disposal of human remains.

Name of Responsible Person or Firm: _____
Address: _____
City, State, Zip: _____

License Number: _____ Telephone Number: _____

Signature of Responsible Party: _____

NOTES:

- (1) Information required above may be submitted as an attachment to this application if the contents of more than one grave are to be moved. All unidentified gravesites in the same cemetery may be listed as a single entry, i.e., six unknown Bethel Cemetery.
- (2) If reinterment is to be in the original grave or cemetery, a disinterment-reinterment permit may be obtained from the Local Registrar at the County Health Department.
- (3) When there is more than one member of the same class of kin, ALL members of that class must agree to the disinterment. A spouse who remarries does not lose next-of-kin status.
- (4) The permit does not affect the rights of any interested party to object to the disinterment.

**A COPY OF NEXT-OF-KIN PERMISSION OR COURT ORDER
MUST BE ATTACHED TO THIS APPLICATION.**