

# STATE OF UTAH DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS AND STATISTICS BURIAL-TRANSIT PERMIT

LOCAL FILE NUMBER \_\_\_\_\_

STATE FILE NUMBER \_\_\_\_\_

**THIS BURIAL PERMIT MUST ACCOMPANY REMAINS TO DESTINATION**

**REQUIREMENTS FOR BURIAL-TRANSIT PERMITS:**

**Registrar:** This Burial-Transit Permit may only be issued upon receipt of satisfactory proof of a death certificate.

A Burial-Transit Permit is issued by the local registrar of the district where the certificate of death or fetal death is registered. This permit is issued for dead bodies or fetuses to be transported out of Utah for final disposition; or when disposition is made by a person other than a licensed funeral director. All permits must be endorsed and recorded.

**Funeral Director or Mortuary:** For deaths or fetal deaths which occur in Utah, no Burial-Transit Permit shall be required for final disposition of the remains if disposition occurs in Utah and is performed by a licensed funeral director or if the disposition takes place in an institution with authorization of the next of kin.

When a Burial-Transit Permit is issued under the law of another state which accompanies a dead body or dead fetus brought into this state is authority for final disposition of the body or fetus in Utah.

Not later than the tenth day of each month, every funeral director shall send to the local registrar the monthly report of deaths.

**Sexton:** A Sexton or person in charge of any premises where interments are made **may not** inter or permit the interment of any dead body or dead fetus unless the interment is made by a licensed funeral director or by a person holding a Burial-Transit Permit.

<b>INFORMATION AS REPORTED ON THE ORIGINAL DEATH CERTIFICATE</b>			
1. DECEDENT'S NAME (First, Middle, Last)		2. SEX	3. DATE OF DEATH
		3a. COUNTY OF DEATH	
4. DATE OF BIRTH (Month, Day, Year)	5. AGE	6. BIRTHPLACE	
<b>AUTHORIZATION FROM FAMILY OR INFORMANT</b>			
7. NAME OF NEXT OF KIN OR OTHER PERSON AUTHORIZING DISPOSITION (First, Middle, Last)			7a. RELATIONSHIP
8. MAILING ADDRESS (City, County, State)			
<b>MANNER AND PLACE OF DISPOSAL (FUNERAL DIRECTOR)</b>			
10. NAME OF FUNERAL HOME		11. ADDRESS OF FUNERAL HOME OR AUTHORIZED PERSON (City, County, State)	
12. NAME OF FUNERAL DIRECTOR (First, Middle, Last)		12a. LICENSE NUMBER	12b. FUNERAL DIRECTOR OR REPRESENTATIVE SIGNATURE
13. METHOD OF DISPOSITION(S) (check Applicable Items): <input type="checkbox"/> Burial in Utah <input type="checkbox"/> Cremation <input type="checkbox"/> Transit to outside of Utah <input type="checkbox"/> Other (Specify) _____			
14. BURIAL DATE IN UTAH OR DATE BODY MOVED OUTSIDE OF UTAH (Month, Day, Year)		15. NAME OF CEMETERY, CREMATORY OR PERSON(S) RECEIVING REMAINS	
16. ADDRESS OF CEMETERY OR CREMATORY (City, State)			
17. ADDRESS OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY SCATTERING OF REMAINS			
<b>REGISTRAR (NAME OF OFFICE ISSUING PERMIT)</b>			
<b>A CERTIFICATE OF DEATH HAVING BEEN FILED AS REQUIRED BY THE LAWS OF THE STATE OF UTAH. PERMISSION IS HEREBY GIVEN TO DISPOSE OF THIS BODY</b>			
18a. OFFICE ISSUING PERMIT			
19. REGISTRAR SIGNATURE			20. DATE SIGNED