

Disinterment Request

In completing this form, please typewrite, print or write legibly all entries in black ink.
Signatures should be legible. This is a permanent record. When data cannot be obtained, write "UNKNOWN" in applicable spaces.

I hereby request permission to disinter the remains of:

Name of deceased _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Age <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	If under 1 year <input type="text"/> <input type="text"/>	If under 1 day <input type="text"/> <input type="text"/>	Date of death <input type="text"/> <input type="text"/> <input type="text"/>
_____ years	_____ mos. _____ days	_____ hours _____ mins.	_____ mo _____ day _____ yr
Place of death (indicate city, town or village) _____			
Manner of death _____			
Cemetery where now interred _____	Location (indicate city, town or village) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is body to be transported by common carrier?			
State fully the final disposition to be made of the body _____ _____ _____ _____			
Name of place or cemetery for final disposition _____		Date of final disposition <input type="text"/> <input type="text"/> <input type="text"/>	
_____ mo _____ day _____ yr			
Firm name _____	Registration number _____		
Address _____		Date <input type="text"/> <input type="text"/> <input type="text"/>	
Signature of funeral director or undertaker _____		Registration number _____	
		_____ mo _____ day _____ yr	

INSTRUCTIONS TO FUNERAL DIRECTOR OR UNDERTAKER

1. See Section 13.1 of the Sanitary Code, relating to the transportation of human remains by common carriers.
2. The data required concerning the decedent may be obtained from the local register or cemetery record.
3. Complete DOH-1999 providing information concerning the final disposition of the remains.

INSTRUCTIONS TO LOCAL REGISTRAR

1. Complete Disinterment Section of DOH-1555 Burial-Transit Permit.
2. If death certificate is on file in your office, use form DOH-1999 to correct the disposition information and forward form DOH-1999 to the Coding Unit, Vital Record Section, P.O. Box 2602, Albany, NY 12220-2602.
3. If the death certificate is not on file in your district, forward form DOH-1999 to the Coding Unit, Vital Records Unit, P.O. Box 2602, Albany, NY 12220-2602.
4. This form should be on file in your office.