



**APPLICATION FOR PERMIT TO DISINTER,
REMOVE, AND REINTER HUMAN REMAINS**

State Form 38697 (R6 / 11-24)
INDIANA DEPARTMENT OF HEALTH
Vital Records Division
Indiana Code 23-14-57-1

INDIANA DEPARTMENT OF HEALTH

Division of Vital Records B-4
Attn: Disinter/Reinter
2 North Meridian Street
Indianapolis, IN 46204

Application Date (mm/dd/yyyy): _____

Name of Deceased: _____

Name of Current Cemetery: _____

Address of Current Cemetery: _____

Date (mm/dd/yyyy) of Interment, Entombment, Inurnment: _____

Name of Proposed Cemetery: _____

Address of Proposed Cemetery: _____

Time and Date (mm/dd/yyyy) of Reinterment, Reentombment, or Reinurnment: _____

Name of Applicant: _____ Relationship to Deceased: _____

Signature of Applicant: _____

By signing, I attest that I will attend the removal and the reinterment, reentombment, or reinurnment of the remains. I will record the IDOH Order for Disinterment and Reinterment in the county recorder's office of the county in which the removal occurred. I also attest that all interested parties have been notified of the proposed removal and provided with an opportunity to object.

Funeral Director's Printed Name: _____

Funeral Director's Signature: _____

Funeral Director Information

Funeral Director License Number:

Phone Number: _____

E-mail: _____

Mailing Address: _____

State Health Department Number: _____

Date Issued (mm/dd/yyyy): _____

WRITTEN PROCEDURES

1. *Applicant must supply the following:*

- a. Written evidence that a licensed funeral director has agreed to be present at the removal and at the reinterment, re-entombment or re-inurnment of the remains.
- b. Original written signature of:
 1. Spouse of the deceased.
 2. Surviving adult child of the deceased.
 3. Surviving parent of the deceased.
 4. The individual in the next degree of kinship to the deceased under IC 29-1-2-1
- c. The State Department of Health does not receive a written objection.
- d. The exact date, time and place from which the removal is to occur.

2. *Indiana Department of Health must:*

- a. Issue three (3) copies of the permit – one (1) for each cemetery's records, one (1) for filing at the county recorder's office.

3. *Funeral director must agree to:*

- a. Be present at the removal and at the re-interment, re-entombment, or re-inurnment of the remains.
- b. Acquire a Provisional Notification / Burial Transit Permit from the Local Health Department where the removal is to occur.
- c. Record the IDOH Order for Disinterment and Re-interment in the county record's office of the county in which the removal occurred.
- d. Confirm the notification of interested parties.

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