



**TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
PERMIT FOR CREMATION OF HUMAN REMAINS**

Instructions

1. The fee of \$25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

Name of Decedent	Sex	Date of Birth	Date of Death
Place of Death – City or Town, County		Name of Informant	
Name of Funeral Director (or Person Acting as Such)		Name of Physician Who will Certify Death	
Address of Funeral Director (or Person Acting as such)			

APPLICATION FOR PERMIT	I hereby apply for a permit for the cremation of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the cremation. If I have not been able to submit a properly completed certificate of death for this person at the time of this application, I agree to file the certificate within three days with the local or deputy registrar in the county where the death occurred.
	Signature _____ Date _____
	Address _____

PLACE OF CREMATION	Name and address of Crematory where remains are to be cremated _____ _____ Address _____
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AUTHORIZATION OF MEDICAL EXAMINER	I consent to the issuance of the Permit for Cremation
	Signature of Medical Examiner _____ Date _____
	Address _____

PERMIT OF LOCAL OR DEPUTY REGISTRAR	This permit for the cremation of the remains of the above named decedent is granted.
	Signature of Local or Deputy Registrar _____ Date _____
	Address _____

CERTIFICATION OF PERSON IN CHARGE OF THE CREMATION	I certify that the cremation of the remains of the above named decedent was made in accordance with this permit on _____ at _____ Date _____ Place _____
	Signature _____
	Address _____