



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

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 disposition 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 preparation, container, transportation, and burial of human remains. If I have not been able to submit a certificate of death for this person at the time of this application, I agree to file, within five days of the date of death, the properly completed certificate with the local registrar in the county where the death occurred.
	Signature _____ Date Signed _____
	Address _____

TYPE OF PERMIT REQUESTED -Check all boxes that are applicable

Burial Transit Scientific Use

Note: This form may **NOT** be used as a permit for cremation.

BURIAL	Name and Address of Cemetery where Remains are to be Interred.
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TRANSIT	From: _____ To: _____
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SCIENTIFIC USE	Name and Address of Facility Receiving Remains
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PERMIT OF LOCAL OR DEPUTY REGISTRAR	This permit for the final disposition of the remains of the person named above is granted for the purpose(s) checked above.
	Signature of Local or Deputy Registrar _____ Date Signed _____
	Address _____

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

When the disposition is complete, mail this form to the local or deputy registrar who issued this permit.