

State of Oklahoma – Department of Health
**Transportation by Common Carrier
 Application**

Name of Deceased (First, Middle, Last)		Age at Death (yrs)
Place of Death (city, county, state)		Date of Death
Funeral Director Name (Arranging Transportation)	License Number	Fax Number () _____ - _____
Point of Origination	Facility/Cemetery Name	
	Address (street, city, state)	
Point of Destination	Facility/Cemetery Name	
	Cemetery Address (street, city, state)	
Transportation:	Common Carrier (print/type) <input type="checkbox"/> Airline <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Other: _____	
	Name of Common Carrier:	
	Date(s) of Transportation	
Next-of-Kin Name (print/type)	Relationship (check box) <input type="checkbox"/> 1. Spouse <input type="checkbox"/> 2. Adult Child <input type="checkbox"/> 3. Parent <input type="checkbox"/> 4. Adult Sibling <input type="checkbox"/> 5. Guardian <input type="checkbox"/> 6. Other: _____	

OFFICIAL USE ONLY		
State DC File Number: _____	Disinterment # _____	OCME # _____

Please fax this form to Vital Record at 405-271-2899 along with the Medical Examiner's Release for Out-of-State Transport

