

Oklahoma State Department of Health

**Disinterment/Re-interment, Removal, and In-State Transit Application and Permit**

Application is hereby made for a permit for disinterment, removal and re-interment as follows:

<b>Application</b>	Name of Deceased (First, Middle, Last):		Date of Birth :		
	Place of Death (city, county, state):		Date of Death:		
	Current Place of Burial	Cemetery Name :			
		Cemetery Address (street, city, state) :			
	New Place of Burial: <input type="checkbox"/> same  <input type="checkbox"/> Cremation	Cemetery Name:			
		Cemetery Address (street, city, state) :			
	Disinterment to be done by:	Funeral Director Name (print/type)	License Number	Telephone Number	
		Name of Funeral Home:			
		Funeral Home Address: (street, city, state)			
	Reason for disinterment:				
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: _____			
Signature of Next-of-Kin:		Signature of Funeral Director:			

<b>State</b>	Pursuant to the regulation of the State Board of Health, adopted under authority of 63 O.S. 2011 § 1-319B, permission is hereby given to disinter, remove and reinter as set forth in the application	
	State Registrar Signature:	Date Issued:

	OFFICIAL USE ONLY:		
	Date received: _____	Date filed: _____	State File Number: _____

Making a false statement or knowingly concealing a material fact or otherwise committing fraud in an application for a disinterment permit is unlawful and shall constitute a misdemeanor for a first offense and, upon conviction, shall be punishable by a fine not exceeding Ten Thousand Dollars (\$10,000.00). Any second or subsequent offense shall constitute a felony and, upon conviction, shall be punishable by a fine of up to Ten Thousand Dollars (\$10,000.00) or imprisonment in the custody of the Department of Corrections for a term of not more than two (2) years, or both. [63 O.S. 1-324.2]

**SUMMARY OF PROVISION OF NOTICE FOR DISINTERMENT**

In the matter of the disinterment of \_\_\_\_\_ (Decedent's Name) \_\_\_\_\_ (Date of Death) I, \_\_\_\_\_ (Name) \_\_\_\_\_ (Address), certify that I have complied with the notice requirements of the Oklahoma Statute Title 63

Section 1-319, as follows:

- A "Notice of Disinterment" was provided to the owners of the interment lot or burial space as required by 63 O.S. § 1-319 C. A list of the owners and a copy of each notice is attached.
  - The notice was provided directly to the owners. The notarized signature on the notice is attached.
  - The notice was mailed using certified mail. A copy of the return receipt is attached.
  - Notice was given to owners with an unknown address by publishing in the official newspaper of the county in which the interment lot or burial space is located. Proof of publication is attached.
- A "Notice of Disinterment" was provided to the surviving adult children as required by 63 O.S. § 1-319 D. A list of the surviving children and a copy of each notice is attached.
  - The notices were provided directly to the surviving adult children. The notarized signatures on the notices are attached.
  - The notices were mailed using certified mail. Copies of the return receipts are attached.
  - Notice was given to surviving adult children with an unknown address by publishing in the official newspaper of the county in which the interment lot or burial space is located. Proof of publication is attached.

Date: \_\_\_\_\_ Signature \_\_\_\_\_



I certify I have witnessed the execution of this certification by the above signed.  
 Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 (day) (month)

\_\_\_\_\_  
 NOTARY PUBLIC in and for The State of OKLAHOMA

My commission expires: \_\_\_\_\_