

PERMIT FOR DISPOSITION OF HUMAN REMAINS • FORM 3934 (REVISED 12/2017)

PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW.

Pursuant to 511-1-3-.23 (4) A disposition permit shall not be issued until the cause of death has been certified by a person authorized to do so under DPH Rule 511-1-3-.19(5); authorization given by the decedent's attending physician; or with regard to a body subject to inquiry under Title 45, Chapter 16, Article 2, until the county coroner or medical examiner has given approval for disposition.

Section 1: REQUIRED INFORMATION

NAME OF DECEASED			
PERMIT NUMBER	DATE OF DEATH	FETAL DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	COUNTY OF DEATH OR INTERMENT
PLACE OF DEATH (HOSPITAL, STREET NO, OR INTERMENT (CEMETERY))		CITY, TOWN, OR LOCATION OF DEATH OR INTERMENT	COUNTY
NAME OF CERTIFYING PHYSICIAN, CORONER, OR MEDICAL EXAMINER (NOT USED FOR DISINTERMENT OR REINTERMENT)		CERTIFIER'S ADDRESS (NOT USED FOR DISINTERMENT OR REINTERMENT)	
NAME OF FUNERAL HOME	LICENSE NO.	FUNERAL HOME ADDRESS (CITY, STATE, & ZIP CODE)	
METHOD OF DISPOSITION			
<input type="checkbox"/> Cremation		<input type="checkbox"/> Disinterment/Reinterment	
<input type="checkbox"/> Donation		<input type="checkbox"/> Removal from State	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Date of Disposition OR Reinterment _____	
NAME & ADDRESS OF DISPOSITION OR REINTERMENT SITE (CITY, STATE, ZIP CODE, & COUNTY)			

Section 2: SIGNATURES

Attestation for County Registrar or Deputy Registrar

I, _____, hereby attest that I have obtained assurance from the attending physician, associate physician, or the chief medical officer of the institution in which the death occurred that the death is from natural causes and that the physician will assume responsibility for certifying the cause of death or fetal death; or, that I have notified the coroner or medical examiner if the cause comes within his or her jurisdiction or, if the physician cannot certify the cause of death, obtained assurance from the coroner or medical examiner that he or she will assume responsibility for certifying the cause of death and the coroner or medical examiner has given approval for disposition including cremation, donation, or transit across state lines. Or, I am signing and issuing this disposition permit, based on a disinter/reinter written application signed jointly by the person who is in charge of the disinterment. Furthermore, I am signing and issuing this disposition permit, to the best of my knowledge, and if I knowingly provide false information on this disposition permit, I understand I am subject to a fine or imprisonment, or both, under Title 31.10.31 and may be reported to the regulatory board governing my license.

SIGNATURE OF / REGISTRAR OR DEPUTY REGISTRAR	DATE (MONTH, DAY, & YEAR)
PRINTED NAME OF REGISTRAR OR DEPUTY REGISTRAR	LICENSE NUMBER
PROFESSIONAL TITLE, ORGANIZATION, & ORGANIZATION ADDRESS OF REGISTRAR OR DEPUTY REGISTRAR	