

**Instructions:**


If you are disinterring and re-interring in the same cemetery, complete the Notice. The Notice must be completed and submitted to the State Registrar of Oklahoma within five (5) days of such action.

If you are disinterring and re-interring to a different cemetery or for the purpose of cremation, complete the Request. Submit the completed Request to the State Registrar of Oklahoma prior to the disinterment.

**Oklahoma State Department of Health  
Notice of Disinterment/Re-interment**

Date disinterment was completed:  
/ / 20\_\_\_\_\_


<b>NOTICE (Same cemetery only)</b>	Name of Deceased (First, Middle, Last):		Date of Birth :	
	Place of Death (city, county, state):		Date of Death:	
	Place of Burial	Cemetery Name :	Cemetery City:	
	Disinterment to be done by:	Funeral Director Name (print/type)	License Number	Telephone Number
		Name of Funeral Home:	Funeral Home City & State	
	<b>63 O.S. 2011, Section 1-319 C. The consent of the next of kin shall be completed by the next of kin in order of priority as established in Section 1158 of Title 21 of the Oklahoma Statutes.</b>			
	Next-of-Kin Name (print/type):		Relationship (check box) <input type="checkbox"/> 1. Legal Representative <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 3. Adult child <input type="checkbox"/> 4. Parent <input type="checkbox"/> 5. Adult Sibling <input type="checkbox"/> 6. Guardian <input type="checkbox"/> 7. Other: _____	
Signature of Next-of-Kin:		Signature of Funeral Director:		

	<b>OFFICIAL USE ONLY:</b>		
	Date received: _____	Date filed: _____	State File Number: _____

**Oklahoma State Department of Health  
Request for Disinterment Permit**

<b>REQUEST (New place of burial or Cremation)</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 City:	
	New Place of Burial: <input type="checkbox"/> Cremation	Cemetery Name:	Cemetery 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)		
<b>63 O.S. 2011, Section 1-319 C. The consent of the next of kin shall be completed by the next of kin in order of priority as established in Section 1158 of Title 21 of the Oklahoma Statutes.</b>				
Next-of-Kin Name (print/type):		Relationship (check box) <input type="checkbox"/> 1. Legal Representative <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 3. Adult child <input type="checkbox"/> 4. Parent <input type="checkbox"/> 5. Adult Sibling <input type="checkbox"/> 6. 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 Signed:

	<b>OFFICIAL USE ONLY:</b>		
	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]