***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*

Date disinterment was completed:

/ / 20\_\_\_\_\_

**Notice of Disinterment/Re-interment**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **NOTICE (Same cemetery only)** | 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 | | | |
| ***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.*** | | | | | | |
| Next-of-Kin Name (print/type): | | Relationship (check box) 🞏 1. Legal Representative 🞏 2. Spouse 🞏 3. Adult child 🞏 4. Parent 🞏 5. Adult Sibling 🞏 6. Guardian 🞏 7. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Signature of Next-of-Kin: | | Signature of Funeral Director: | | | | |



OFFICIAL USE ONLY:

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State File Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Oklahoma State Department of Health*

**Request for Disinterment Permit**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **REQUEST (New place of burial or Cremation)** | 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:  🞏 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) | | | | |
| ***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.*** | | | | | |
| Next-of-Kin Name (print/type): | | Relationship (check box) 🞏 1. Legal Representative 🞏 2. Spouse 🞏 3. Adult child 🞏 4. Parent 🞏 5. Adult Sibling 🞏 6. Guardian 🞏 6. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Signature of Next-of-Kin: | | Signature of Funeral Director: | | | |

|  |  |  |
| --- | --- | --- |
| **State** | 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: |



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]

**Oklahoma State Department of Health Division of Vital Records 1000 NE 10th Street Oklahoma City, OK 73117**

**If mailing, please use this address: PO Box 53551, OKC 73152**