

DISINTERMENT PERMIT

OFFICE OF THE CORONER/MEDICAL EXAMINER

Permit Number:

This permit, when properly completed, signed and dated, constitutes authority under Wis. Stats. section 69.18(4) for disinterment, removal, transportation, and reburial of the remains of the decedent listed below. This disinterment permit is not required if the disinterment is done to correct an error in the placement of the corpse and the decedent is re-interred in the same cemetery per Wis. Stats. section 69.18(4)(bm).

DECEDENT'S CURRENT INTERMENT				
Decedent's Current Legal Name - First		Middle	Last	Suffix
Sex	Date Pronounced Dead	Date of Birth (MM/DD/YYYY)	Age at Death <input type="checkbox"/> Years <input type="checkbox"/> Days <input type="checkbox"/> Mins <input type="checkbox"/> Months <input type="checkbox"/> Hours	
Cemetery Name		Cemetery Address (include lot/vault if known)		
State of Cemetery	County		City, Village, Township	
DECEDENT'S NEW INTERMENT				
Disposition <input type="checkbox"/> A. Disinterred remains will be re-interred <input type="checkbox"/> B. Cremated and interred (requires cremation permit) <input type="checkbox"/> C. Cremated and placed in mausoleum (requires cremation permit) <input type="checkbox"/> D. Cremated and given to family/other person in charge (requires cremation permit)				
Complete only if option A, B, or C selected for Disposition	New Cemetery/Mausoleum Name		New Cemetery/Mausoleum Address (include lot/vault if known)	
	Country/State	County	City, Village, Township	
Complete only if option D selected for Disposition	Person in Charge of Remains		Address	
	Country/State	County	City, Village, Township of Death	
PERMIT ISSUED TO				
The applicant for the disinterment permit is obligated to arrange for the legal disposition of the remains in accordance with applicable state and local laws and local health department rules. If the remains of the decedent will be cremated after disinterment, the applicant MUST obtain a signed Cremation Permit from the Coroner or Medical Examiner of jurisdiction in accordance with Wis. Stats. 979.10.				
Name of Applicant Requesting Permit			WI FD License Number (if applicable)	
Mailing Address			Phone Number	
Documentation Supplied by Applicant <input type="checkbox"/> Notarized Next of Kin Request <input type="checkbox"/> Agreement of Cemetery Office <input type="checkbox"/> Court Order				
PERMIT ISSUED BY				
Name of Issuing Coroner or Medical Examiner			Title	
Signature of Issuing Coroner or Medical Examiner of Current Interment			Date Signed	
NOTE: Only the Coroner or Medical Examiner of the county of the decedent's current interment may issue this permit.				