

A-68

BURIAL — TRANSIT PERMIT MICHIGAN DEPARTMENT OF HEALTH

Full name of deceased

No.

Cause of death

Place of death

Date of death

Race

Sex

Age

Method of disposal

(Whether burial, cremation, storage, etc.)

County

State

(Cemetery or crematory)

A certificate of death or stillbirth having been filed as required by the laws or regulations of this state, permission is hereby given to _____ Address _____
(Funeral director or person acting as such) _____
to dispose of body of said deceased.

Signature

(Check one: ☐ Registrar, ☐ Funeral Director, ☐ Mortuary Science Licensee)

Date

1968

CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT SPACE BELOW

Body was

(State whether cremated, buried, stored, etc.)

on

in

(Cemetery or crematory)

Place

Signature

(Sexton or person in charge)

This permit must be endorsed by the sexton (or by the funeral director or Mortuary Science licensee where there is no sexton) and returned within seven days to the registrar of the district in which the burial takes place.

(OVER)

THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION