**Section 500.APPENDIX G Death Records**

**Section 500.ILLUSTRATION E Application for Disinterment – Reinterment Permit**

**STATE OF ILLINOIS**

**DEPARTMENT OF PUBLIC HEALTH – OFFICE OF VITAL RECORDS –** SPRINGFIELD 62761

**APPLICATION FOR DISINTERMENT – REINTERMENT PERMIT**

(Must be presented to the Local Registrar of the Registration District in which the disinterment is to be made.)

|  |  |
| --- | --- |
| I hereby request that a Disinterment – Reinterment Permit be issued to |  |
| (Name of funeral director or person acting as such) |
| whose full address is |  | , |  | , |  |
| (Street Name and Number) | (City or village) | (State) |
| to disinter and reinter or remove the body of |  |
| (Name of Deceased) |
| who died of |  |
|  |
| on the |  | day of |  | , | 19 |  | , | at |  | , |  |
|  | (City, Village, Township or Road District) | (State) |
| from the |  | Cemetery, at |  | , |  | County, Illinois |
| (Name of Cemetery) | (City, Village, Township or Road District) |
| to the |  | Cemetery (Crematory) at |  | , |  |
| (Name of Cemetery or crematory) | (City, Village, Township or Road District) | (State) |
| It is understood that this disinterment is to be made in conformity with the rules and regulations of the Illinois Department of Public Health and any local cemetery regulations. |
|  |
| (Signed) |  | Full address |  | , |  | , |  |
|  |
| Applicant's relationship to deceased |  |  | Date |  |  |  |
|  |

TO BE FILLED IN BY LOCAL REGISTRAR:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Disinterment – Reinterment Permit Number |  |  | Date Issued |  | , 19 |  |
|  |  |
| Local Registrar |  |  | Registration District Number |  |

VR-207 (2/72r) This application is to be filed and preserved by registrar issuing permit.

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)