**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)