



**Alaska Bureau of Vital Statistics
PO Box 110675
Juneau, Alaska 99811-0675**



DISINTERMENT PERMIT

Family Member/ Guardian Requestor	Name of Person Requesting Disinterment (First, Middle, Last)		Phone Number
	Mailing Address (Street or PO Box, City, State, Zip Code)		
	Legal Relationship to the Decedent: <input type="checkbox"/> The decedent's spouse (at the time of death). <input type="checkbox"/> An adult brother or sister of the decedent. <input type="checkbox"/> An adult son or daughter of the decedent. <input type="checkbox"/> A guardian of the person of the decedent at the time of death. <input type="checkbox"/> Either parent of the decedent. <input type="checkbox"/> Any other person authorized or obligated to dispose of the remains.		
Decedent Information	Name of Decedent (First, Middle, Last)		Date of Death
	Place of Death (City, Town, Village)	Name of Cemetery or Location Where Decedent is Buried	
Post-Disinterment Information	Post-Disinterment Disposition: Check one box that applies. If "Cremation" is checked, information on the new burial/entombment site is not required. <input type="checkbox"/> Reburial/Entombment in the same cemetery (only the new lot number/entombment information needs to be completed). <input type="checkbox"/> Reburial/Entombment elsewhere (complete below). <input type="checkbox"/> Cremation		
	State or Country if not in U.S.		City, Town, or Village
	Name of Cemetery or Mausoleum		Lot Number/Entombment Location (if known)
Funeral Director	Name of Funeral Home		Mailing Address of Funeral Home
	Name of Funeral Director		
	Signature of Funeral Director		Date Signed
	Expected Date of Disinterment		Expected Date of Reinterment
State Registrar	Name of State Registrar		Signature of State Registrar
	Date Signed	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	