



Disinterment/Re-interment Permit

SUBJECT TO MINNESOTA STATUTES 149A.96

1. Name of deceased _____
2. Cemetery of current interment: _____
Name _____
City _____
3. Cemetery of new interment:
(If cremation is to follow disinterment, complete Nos. 3 and 6 for crematory)
Name _____
City _____ State _____
4. Legal representative(s) authorizing disinterment:
(Subject to MN Statutes §149A.96)
Name _____
Relationship _____
Name _____
Relationship _____
Name _____
Relationship _____
Name _____
Relationship _____
(Attach additional sheet of names if required)
5. Individual/funeral home in charge of disinterment/re-interment:
Name of individual _____
Name of funeral home _____
License number _____
Signature _____ Date signed _____
6. Expected date of disinterment _____
Expected date of re-interment _____

Mortuary Science
PO Box 64882
St. Paul, MN 55164-0882
651-201-3829
health.mortsci@state.mn.us

8/30/19

To obtain this information in a different format, call: 651-201-3829.