

ARKANSAS DEPARTMENT OF HEALTH
VITAL RECORDS

BURIAL-TRANSIT/CREMATION PERMIT

Always complete this section.

SECTION I

Full Name of Deceased _____	Date of Death _____
Place of Death _____	
(City)	(County) (State)

BURIAL-TRANSIT PERMIT SECTION

SECTION II

Final Disposition _____	(State whether burial, cremation, transit, storage, etc.)	(Cemetery or Crematory)	(County) (State)
Funeral Director _____	License No. _____	Address _____	
PERMIT			
Permission is hereby given to _____			
(Embalmer, Funeral Director, or person acting as such)			
License No. _____ to dispose of the body as above stated.			
Dated at _____	on _____	(Month) (Day) (Year)	(Registrar's Address)
Signature _____			(Local Registrar or Deputy Registrar)
CEMETERY OR CREMATORY AUTHORITY SHALL FILL OUT THE SPACE BELOW			
Body was _____	On _____	in _____	(State whether cremated, buried, stored, etc.) (Month/Day/Year) (Cemetery or Crematory)
Place _____	(City) (State)	Signature _____	(Sexton or person in charge)

INSTRUCTIONS

1. Always complete SECTION I.
2. (a) Complete the Burial-Transit Permit Section if applying for a burial-transit permit. This permit is to be obtained prior to cremations and transporting of any dead body out of the State of Arkansas. The Local Registrar or Deputy Registrar must sign the permit.
(b) Sexton may require burial permit prior to burial in the State of Arkansas.
3. Funeral Directors or other agent must return a copy to the issuing Registrar once the transit/cremation is complete. Registrars are to retain this copy for one year per ADH policy before destroying it.