

ARKANSAS DEPARTMENT OF HEALTH

Vital Records

REQUEST TO DISINTER



Date of Submission

As an Arkansas Licensed Funeral Director, I verify that the undersigned Next of Kin requests permission to disinter and that the disinterment will be conducted in accordance with Arkansas Statute 20-18-604 and corresponding regulation 7.4.

Name of Deceased

Date of Death

Death Certificate File #

Place of Death

(City)

(County)

(State)

Place of Interment

Name of Cemetery (Section #, Block, & Lot)

Address (City, State, & Zip Code)

Place of Reinterment

Unknown

Name of Cemetery (Section #, Block, & Lot)

Address (City, State, & Zip Code)

Name and Address of Arkansas Licensed Funeral Director Handling the Disinterment

Name of Funeral Director & License #

Address

Signature (Arkansas Licensed Funeral Director)

Name of Funeral Home

NEXT OF KIN AUTHORIZATION

I certify that I am a next of kin of the deceased and authorized to request this disinterment.

I understand that Vital Records law recognizes a deceased person's Spouse, Children, Parents, Grandparents and Grandchildren as authorized to receive death certificate information. In the spirit of this law, I have notified these family members of this disinterment.

(Signature of Next of Kin)

(Print Name)

FUNERAL DIRECTOR INSTRUCTIONS

- Funeral director will submit this form to Vital Records Section.
If the death occurred outside of the state of Arkansas, funeral director will also send a certified copy of death certificate.
Arkansas deaths must include death certificate state file number.
Next of kin authorization is not required if a court order is enclosed.
All disinterments must be approved by State Registrar to receive permit.

SEND TO

Arkansas Department of Health
Vital Records Section, Amendments
4815 West Markham, Slot 44
Little Rock, AR 72205
FAX: 501-661-2869
Telephone: (501) 682-1214

OFFICIAL USE ONLY

Date Approved

Date Issued

Signature of State Registrar