

COMMONWEALTH OF KENTUCKY
STATE REGISTRAR OF VITAL STATISTICS



Kentucky Public Health
Prevent. Promote. Protect.

PERMIT TO TRANSPORT FETAL REMAINS

****TYPE OR PRINT IN PERMANENT BLACK INK****

Termination of a Pregnancy Communication

Within twenty-four (24) hours before a surgical or medication abortion or within twenty-four (24) hours of a miscarriage, the healthcare facility or abortion clinic shall disclose to the parent or parents of the fetus, both orally and in writing, the parents' right to determine if they will take responsibility for the final disposition of the fetal remains or relinquish the responsibility for final disposition to the healthcare facility or abortion clinic.

Rights to determine final disposition completed by healthcare facility or abortion clinic with parent(s) or guardian: Yes No

Parent(s)

Mother's Age:

Father's Age:

(If parent(s) are under the age of eighteen (18), please select the appropriate consent below)

Emancipated by court order granting the right to self-consent: Yes No NA

Consent by parent or guardian: Yes No NA

Final Disposition Discussion

Indicate which of the following was chosen by the parent(s):

Parent(s) or guardian relinquish the guardianship of the fetal remains and the responsibility for final disposition of those remains to the guardianship of the healthcare facility or abortion clinic which shall dispose of those remains as they would any other human remains.

OR

Parent(s) retain guardianship of the fetal remains and the responsibility for final disposition of those remains

Purpose of Transport of Fetal Remains

Indicate below the purpose for which the fetal remains will be transported:

- Final disposition by a crematory licensed under KRS Chapter 367 *(Permit from Coroner required)*
- Interment by a funeral establishment licensed under KRS Chapter 316
- Interment by the parent or parents privately in conformance with KRS 381.697 and administrative regulations promulgated by the cabinet
- Delivery of the fetal remains to the healthcare facility or abortion clinic for final disposition
- For law enforcement in the context of a criminal investigation with the consent of the parent
- To a pathology laboratory for examination of the fetal remains with the consent of the parent

Abortion Information

Indicate the type of termination of pregnancy:

Induced Abortion

Spontaneous Abortion/Miscarriage

Surgical Induced Abortion

Medication Induced Abortion

Abortion Date and Location

Date of Abortion/Miscarriage:

Hour:

A.M. P.M.

County of Abortion/Miscarriage:

Facility or location of Abortion/Miscarriage:

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Fetal Remains Release

Authorization is hereby granted to _____
Healthcare Facility or Abortion Clinic

to release the fetal remains to _____
Funeral Home

for the purpose of transportation and/or disposition _____
Signature of parent or guardian

Signature of Local Registrar, Deputy Registrar, Coroner, or Attending Physician

Witness

A person or entity shall not: Dispose of a fetus or fetal remains as medical or infectious waste; offer money or anything of value for an aborted fetus or fetal remains; accept money or anything of value for an aborted fetus or fetal remains; or transport, or arrange for the transportation of, fetal remains for any purpose other than: Final disposition by a crematory licensed under KRS Chapter 367; interment by a funeral establishment licensed under KRS Chapter 316; Interment by the parent or parents privately in conformance with KRS 381.697 and administrative regulations promulgated by the Cabinet for Health and Family Services; delivery of the fetal remains to the healthcare facility or abortion clinic for final disposition; for law enforcement in the context of a criminal investigation with the consent of the parent; or to a pathology laboratory for examination of the fetal remains with the consent of the parent.

Guardianship of Fetal Remains

I, representing _____
hereby accept guardianship of the fetal remains and agree to secure and file this Permit with the Office of Vital Statistics.

Signature

Address

City/State

Person in charge of Final Disposition

The fetal remains were buried _____ cremated _____
Consigned to _____ on _____

Name of Cemetery/Crematory

Address

Signature (Sexton or Person in Charge)

Office of Vital Statistics Address:

Office of Vital Statistics
275 East Main Street, 1E-A
Frankfort, KY 40621
Fax: 502-564-9398