COMMONWEALTH OF KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF VITAL STATISTICS  

____________________________________ County Health Department  

PERMIT FOR DISINTERMENT AND REINTERMENT IN THE SAME CEMETERY  

Permission is hereby granted for disinterment and reinterment of the remains of the individual listed below. This permit is issued solely to authorize the transfer of these human remains from one gravesite to another gravesite in the same cemetery. The Sexton of the cemetery or, if there is no sexton, the person or firm responsible for the transfer, must certify the dates of disinterment and reinterment, and return this permit to the Local Registrar within ten days following reinterment.

If disinterment and reinterment do not both occur between sunrise and sunset of the same day, explain below the reason for the delay, and the location of the body during the interval between disinterment and reinterment.

Name of deceased: ___________________________  
Age at death: _________  
Name of cemetery: __________________________________________________________________________  
Name and address of person or firm responsible: ______________________________________________  
__________________________________________________________________________________________  
Local Registrar Signature: ___________________________  
___________________   Date: _____________________  
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This is to certify that the remains identified above were disinterred on ______________________ and reinterred on _____________________________ and that the work was performed under the direction of __________________________________________.  
(Responsible Party/Sexton Signature)____________________________________  

This permit, properly endorsed by the sexton, was returned to my office for permanent retention on ________.  
Local Registrar Signature _________________________________________  
___________________   Date: _____________________  
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NOTES: __________________________________________________________________________________  
__________________________________________________________________________________________  

VS-35  
(Rev. 10/2016)