



APPLICATION FOR DISINTERMENT-REINTERMENT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
VITAL RECORDS UNIT
SFN 8178 (4-2023)

A permit for disinterment and reinterment is required before disinterment of a dead body or fetus except as authorized by regulations or otherwise provided by law. The permit shall be issued by the state registrar to a funeral practitioner upon proper application. The disinterment permit shall be the authorization for disinterment, transportation and reinterment. This form is legally authorized by N.D.C.C. 23-02.1-21 (4) and N.D.A.C. 33-04-10-04.

APPLICATION IS HEREBY MADE FOR DISINTERMENT OF THE REMAINS FOR THE FOLLOWING INDIVIDUAL:

Full Name of Deceased	
Date of Death (month, day, year)	Place of Death (city or twp., county, state)
Place of Burial (full name of cemetery)	
Location of Cemetery (full legal description of cemetery - township name or township and range numbers and section number)	
Date of Reinterment (month, day, year)	Place of Reinterment (full name of cemetery)
Location of Cemetery (full legal description of cemetery - township name or township and range numbers and section number)	

THIS SECTION TO BE COMPLETED BY FUNERAL PRACTITIONER IN CHARGE OF DISINTERMENT-REINTERMENT

Name of Funeral Practitioner		ND License Number	
Signature of Funeral Practitioner		Date	
Address	City	State	ZIP Code

THIS SECTION TO BE COMPLETED BY NEXT-OF-KIN

Signature of Next-of-Kin		Date	
Relationship to Deceased			
Address	City	State	ZIP Code

NOTE: If more signatures are required, please attached additional sheets.