

**NORTH DAKOTA DISPOSITION TRANSIT PERMIT**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VITAL RECORDS UNIT

SFN 58645 (2-2025)

**AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION**

This disposition transit permit, when completely filled in and bearing the signature of the subregistrar constitutes authority for the burial, transportation, removal, cremation or other disposition of the deceased named below, in accordance with North Dakota Century Code 23-02-1-21.

Name (First, Middle, Last)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death	Age
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**Place of Death**

County	City
U.S. War Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Method of Disposition

**Place of Disposition**

Name	City	State
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**Permit Issue To**

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

Signature of the Subregistrar	Date Signed
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**CEMETERY OR CREMATORY AUTHORITY SHALL COMPLETE SECTION BELOW**

Interment or Cremation Date	Section	Lot	Grave
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Signature of the Sexton or Other Person in Charge
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The subregistrar must obtain the signature of the Sexton or other person in charge of the cemetery or crematory and return this permit within ten days to the office of the county recorder in the county where the final disposition takes place.