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DEPARTMENT OF HEALTH AND HUMAN SERVICES



NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH



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BURIAL TRANSIT PERMIT **(Instructions on the Back)**

PURPOSE OF BURIAL TRANSIT PERMIT: <input type="checkbox"/> Disinterment (Amendment Required) <input type="checkbox"/> Transferring a Body Across Nevada borders only					
SECTION I: PERSONAL DATA ON DECEDENT			Name of Decedent		Date of Death
City, Town or Location of Death		Social Security Number	Sex	Race	Age
Death Due to Communicable Disease? Yes <input type="checkbox"/> No <input type="checkbox"/>		Residence at Time of Death	City	State	ZIP
ORIGINAL LOCATION OF REMAINS (TRAVELING FROM)			NEW LOCATION OF REMAINS (TRAVELING TO)		
Name of Funeral Home or Crematory			Name of Funeral Home or Crematory		
Street Address			Street Address		
City	State	ZIP	City	State	ZIP
County			County		
TYPE OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Other (specify):					
CAUSE OF DEATH:					
PERSON ACTING AS FUNERAL DIRECTOR					
Signature		Date	License #	Address	
SECTION II: AUTHORIZATION TO DISPOSE OF BODY Per NRS 440.510, a satisfactory certificate of death has been filed as required by law, permission is granted to inter or otherwise dispose of the body of the deceased.					
Signature of Local Registrar		Title	Date		
SECTION III: DISPOSITION OF BODY					
Date of Disposition:		New Cemetery or Crematory Information			
Body was: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Other (Specify)		Facility Name:		County:	
		Street Address			
		City	State	ZIP	
Per NRS 440.580, Each sexton or person in charge of any burial ground shall endorse upon the permit the date of interment, over his or her signature, and shall return all permits so endorsed to the local health officer of his or her district within ten (10) days from the date of interment.					
Sexton (or Person in Charge Signature)		Date Signed	Date Returned To Vital Records		
Please make two copies of this form and distribute as follows: <input type="checkbox"/> A copy goes to the funeral home or originating source <input type="checkbox"/> The original accompanies the body and is delivered to the Sexton or person in charge <input type="checkbox"/> A copy is returned to the Registrar authorizing the disposition					

Instructions

Section 1: Decedent's Personal Data & Status of Disposition (Funeral Home's Section)

1. Fill out the Personal Data on the Decedent
2. Fill out Manner and Place of Disposition information
3. Fill out Location of Disposition information
4. Fill out Cause of Death (can list up to 4 causes)
5. Person Acting as Funeral Director to provide:
 - Signature
 - Date signed
 - License #
 - Business Address (street, city, state, zip)
6. Mail or deliver the permit to your Local Registrar

Section 2: Authorization to Dispose of Body (State's Section)

1. Registrar will review the permit
2. If complete, the Registrar will sign the permit
3. The Registrar will make two copies of the signed permit – one for the Registrar/one for the Funeral Home
4. The original documentation will be returned
5. The Funeral Home is to keep a copy of the signed permit for their records
6. The original must accompany the body

Section 3: Disposition of Body (Sexton's Section)

Step 1: Sexton or Person in Charge is to fill out the following information:

1. Check the box designating what happened to the body
2. Fill out Cemetery or Crematory's Information
3. Sign and Date
4. The Sexton or Person in charge has 10 days from the date of interment to return a fully signed copy with all signatures to the authorizing Registrar

Step 2: Once the permit has been signed by the Sexton or person in charge, the following entities need a copy:

1. The Cemetery or Crematorium will keep the original
2. A copy is to be mailed to the Registrar authorizing the permit
3. A copy is to be mailed to the Funeral Home

If you have any questions, please feel free to contact the Nevada State Office of Vital Records at (775) 684-4242 or email Funeral Homes at OVRFH@health.nv.gov.