VITAL STATISTICS SECTION DEATH DISINTERMENT PERMIT – TxEVER HOW TO GUIDE



TEXAS Health and Human Services

Texas Department of State Health Services

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Introduction

This How-To Guide walks funeral homes through processing an online disinterment permit for death certificates released to the state.

A death certificate is a permanent legal record of an individual's death and is extremely important to the family of the deceased person. The information recorded on the death certificate is used to apply for insurance benefits, to settle pension claims, and to transfer title of real and personal property. Information recorded on a death certificate provides evidence of the fact of death and can be produced as evidence in a court of law.

How-To Steps

1. Log in to TxEVER (https://txever.dshs.texas.gov/TxEverUI/Welcome.htm)



WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY	E LOGIN
IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT	User Name:
OR OTHER LEGALLY PERMISSIBLE PURPOSES, ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSPECIFICIDIN TO THE FXTENT PERMITTE DINDER APPLICABLE I AW	Password:
Are you in agreement with above stated terms & conditions?	Forgot Password? Log In

2. Select Death at the top, click on Function, and then Funeral Home Processes



3. Search for the record by clicking Record and then Search

Skip to main content GLOBAL DEATH FETAL DEATH TEXAS Texas Department of State Services	FUNCTIONS -	RECORD TOOLS .	
Please select record to proceed	FUNERAL HOME PROCESSES	Exects Process Stakeholder Amendment Repuest Disinterment Permit Abendon Print	Work Queue: rabu- 0
Current Date: 01-Dec-2021 Build Number: 2.0.7.5		©2017 <u>Genesis S</u>	ystems, Inc.

4. Enter the EDR number or name and date of death of the decedent, click Search

			Type of Search		
Wild-Card	1		O Soundex		
ECEDENT'S A	Actual Informati	ON	Record Information		
DR Number:	>		State File Number:		
ate Of Death: ex. 00/00/2012	month and day				
not known)*	-				
ecedent's Firs	st Name:				
ecedent's Mid	idle Name:				
ecedent's Las	st Name:				
ecedent's SSI	N:				
ECEDENT S F	PRESUMED INFORM	ATION			
icultar Record	rumber.				
	Date Of Death 🔺	Decedent's First Nan Decedent	's Middle N Decedent's Last Nan Decedent's SSN	State File Number	Medical Record Num
R Number					
R Number					
R Number					
R Number					
R Number					
R Number					

Note: If you cannot locate the record electronically in TxEVER, you will have to complete the disinterment through the manual process.

5. Click on the record and then press Select Record

		Туре с	of Search			
Wild-Card			O Soundex			
ecedent's Actual Inf	FORMATION		RECORD INFO	RMATION		
DR Number:	00000000000000000	4	State File Num	ber:		
ate Of Death: x. 00/00/2012 if month and re not known, 02/00/2012 if	i day					
not known.)*						
ecedent's First Name:						
ecedent's Middle Name:						
ecedent's Last Name:						
ecedent's SSN:						
cedent's Presumed	INFORMATION					
edical Record Number:						
3 Number Date Of	Death Decedent's First N	Van Decedent's Middle N	Decedent's Last Nan	Decedent's SSN	State File Number	Medical Record Nu

6. Click on Record and then Request Disinterment Permit

Skip to main content GLOBAL DEATH FETAL DEATH		🎙 🚨 🏦 🖂 LogOut
TEXAS Health and Human Services Health Services	FUNCTIONS - RECORD . TOOL	S. HELP.
<u>₩ X © И 4 ► И</u>	FUNERAL HOME Resuest Disinterment Ren PROCESSES Alternation	Work Queue: 5, JOHN, 06/05/2018 V

7. Click on the wrench icon next to the field(s) requiring edits and make corrections.

		DISINTERMENT PER		QUEST		
EDR:		Registrant Name:		Date of Death:	SFN:	
000000000000000000000000000000000000000	302	JOHN KING TORRANCE		2018/06/05	0002802018	
Party 124						
FIEIOS LIST		VERIFICATION OF	DEATH FA	CTS HAS BEEN SIGNED		
Demographic 1	Verification of Death Fa	cts has been signed				
Demographic 2		Мет	HOD OF D	ISPOSITION		
Demographic 3	Method:			(Specify):		
40	BURIAL					
Demographic 4			Burner D	ETAILS		
	Unknown Section/Block	/Lot/Space Number:		Section Number:		P
Demographic 5				123		
	Block Number:		F	Lot Number:		JS .
Medical 1	456			7		
A 11-11-12	Space Number:		Jan Barris			
 Medical 2 	99					

8. Make corrections and enter comments as appropriate; select Confirm Changes after each section being updated.

Demographie 1		PLACE OF	DISPOSITION	
Vemographic 1	Place of Disposition Type:		Place of Disposition:	
< Demographic 2	CEMETERY Place of Dispersition (Specify)		AUSTIN MEMORIAL PARK	
✓ Demographic 3	AUSTIN MEMORIAL PARK State/Country: (Please click chec	kbox to filter	2800 HANCOCK DRIVE County:	
✓ Demographic 4	countries only)		TRAVIS City(Other):	
✓ Demographic 5	City/Town: AUSTIN Zip: 78731		Zip Ext:	
Vedical 1	Date Of Disposition: 06/12/2018			
Vedical 2		Place Of	Disposition	
V Medical 3	Place of Disposition Type:		Place of Disposition:	
Comments	CEMETERY	~	MISSION PARK CEMETERY-SAN ANTONIO Y	
Comments	Place of Disposition (Specify):		Street Address:	
Астічіту:			1700 SE MILITARY DRIVE	
ace Of Disposition: ISSION PARK	State/Country: (Please click chec	kbox to filter countries only)	County:	
EMETERY-SAN ANTONIO	TEXAS	~	BEXAR	
esolved	City/Town:		City(Other):	
ction: pdating Record	SAN ANTONIO	~		
	Zip:		Zip Ext:	
	78214	~		
	Date Of Disposition:			
	06/12/2018			
	Comments			
(Family Relocating			
	Supplemental Documents	Document Type:		
		Who Issued:		11
		Issue Date:		
		Date Of Document:		
				\frown
				Confirm Changes

Note: Do not enter anything in the Supplemental Documents section; this is for State use only

9. Click on Process and View Corrections/Supporting Documents to see a list of changes

TEXAS Health and Human Te Services Ht	xas Department of Sta ealth Services	te		C	PROCESS -
✓ III X III III EDR: 000000000000000000000000000000000000	102	DISINTERMENT PERMIT Registrant Name: JOHN KING TORRANCE	REQUEST Date of Death: 2018/06/05	SFN: 0002802018	View Corrections/Supporting Documents Abandon Upload/Scan Consent Form Print Consent Form Print Blank Consent Form Conset Homesk
Fields List	Verification of Dea	VERIFICATION OF DEAT th Facts has been signed	h Facts has been signed		Exit
Demographic 2		Метнор (OF DISPOSITION		
Demographic 3Demographic 4	Method: BURIAL	Вия	(Specify): AL DETAILS		

Click the X next to any change you wish to discard if needed

B X	Diant Number			New Data		Comment	
X L	BIOCK NUMBER	456		101		New Location	
	Lot Number	7		2		New Location	
× P	Place Of Dispositio	AUSTIN MEMORIAL PARK		MISSION PA	RK CEMETERY-SAN ANT	Family Relocating	
× P	Place Of Dispositio	AUSTIN		SAN ANTON	10	Family Relocating	
× P	Place Of Dispositio	TRAVIS		BEXAR		Family Relocating	
× P	Place Of Dispositio	78731		78214		Family Relocating	
× P	Place of Dispositior	2800 HANCOCK DRIVE		1700 SE MILITARY DRIVE		Family Relocating	
×S	Section Number	123		456		New Location	
× S	Space Number	99		25		New Location	•
dence Do	ocuments						
elete D	Document	Туре	Issue Date		Document Date	Issued By	Use

If you want to cancel the disinterment, select Process and then Abandon



10. You can print the consent form by clicking on Process and then Print Consent Form.

TE Healt Servio	XAS th and Human ces Texas Department of Health Services	State			PROCESS
/ 🗉 💥 🗔 🖡	EDR: 000000000000000000000000000000000000	DISINTERMENT PERMIT Registrant Name: JOHN KING TORRANCE	Date of Death: 2018/06/05	SFN: 0002802018	View Corrections/Supporting Docume Abandon Upload/Scan Consent Form Print Consent Form Print Blank Consent Form
	Fields List Verification of	Verification of Deat	h Facts has been signed		Contact Helpdesk Exit

CEMETERY	CONSENT F	ORM	
I (We) hereby give our consent for the dis	interment and re	moval of	
JOHN KING TORRANCE who is but	ried in 123 / 45	6	
(Name of Deceased)	(Plot & Block)	
Our records indicate that the plot owner(s) is/are	AUSTIN MEN	IORIAL PARK	
	Signature		Date
	Title		
	AUSTIN MEN	ORIAL PARK	
	Name of Ceme	tery	
BIOTOBRE	CONCENT		
PLOT OWNER	CONSENT	FORM	
I (We) hereby certify that we are the own	er(s) of record	(DI-c)	
in .	either by m	(Piot)	ritance and we herebuch
in	ender by p	urenase or mine	mance and we nereby
give our permission of the disinterment of			who is burie
in that plot.			
	Signature of O	wher	Date
	Address		
	Diseas Mumber		
	Phone Number	·	
NEXT-OF-KIN	CONSENT	FORM	
I hereby certify that I am the	of J	OHN KING TO	ORRANCE
(Relat	ionship)	(Name of Dec	ceased)
There are no other living relatives that precede m	e in the degree o	f kindred; and l	give my
permission for the body to be disinterred and mo-	red to		
	(Name o	(Cenetery Where B	ody is to be Interred)
	0		Data
	Signature		Date
VS-271.1 7/2005			

11. Upload the signed consent form: click on Process and then Upload/Scan Consent Form

	S.C.	L'Source	TH Hea Ser	EXAS Ith and Human vices Health Services	nt of State			
1		*		15				View Corrections/Supporting Documents
					DISINTERMENT PERMIT	REQUEST		Abertadi
				EDR:	Registrant Name:	Date of Death:	SFN:	Upload/scan Consent Form
				0000000000302	JOHN KING TORRANCE	2018/06/05	0002802018	Print Consent Form
								Print Blank Consent Form
								Contact Helpdesk
				Fields List	VERIFICATION OF DEAT	IL FACTE HAS BEEN SIGNED		Exit
	5	Sca	n/	Upload Document				×
					Scan Document Upload D	ocument Clos	e	

After scanning a document, open it as a PDF. Click on File, Export To, Image, and then TIFF to convert it to a TIFF file.

Edit View Sign Window	Help		
Open	Ctrl+O	×	
Reopen PDFs from last sessi	ion		
Open Recent File			
I Sava	CtrlaS	🔁 Edit	T Add Text 🖬 Add Image 🧬 Link * 🖹 Crop Pages 🖺 Header & Footer * 🐻 Watermark * 🖽 More *
Save As	hift+Ctrl+S		
Save as Other			CENETERY CONSERVE FORM
Revert			
Never		I (W JOHN KIN	e) hereby give our consent for the disinferment and removal of G TORRANCE who is buried in 123/456
Print_	Ctrl+P	0	Name of Deceased (Plot & Block)
Create		Con records	AUSTIN MEMORIAL PARK
Export To		Microsoft Word	Signapure Date
Compress PDF		Spreadsheet >	Owner
Protect Using Password		Microsoft PowerPoint Presentation	Tule
Share File		Image	Name of Cemetery
		Image	JPEG
Properties	Ctrl+D	HTML Web Page	merce outsent POKM
<u>C</u> lose File	Ctrl+W	Bich Text Format	11++ Perk and (Ploi)
Evit Application	CtrlaC		To h n King Torray a name
care Application	Ctri+Q	Encapsulated PostScript	is in the stand
		PostScript	\$2/01/21
		Text (Agoessible)	J2 7 Annu C+
		Jext (Plain)	Address JIMY 31-
		VML 1.0	5/2-776-3610 Phone Number
		X <u>M</u> E 130	r none number
			NEXT-OF-KIN CONSENT FORM
		I here	by certify that I am the Brother of JOHN KING TORRANCE
		There are no	(Relationship) (Name of Decreased)
		permission fo	is the body to be disinterred and moved to Mission Perk Centers
			(Name of Connersy Where Books is to be basered).
			957/12/01/2021
			Signature Date
			TEXAS
		VB-271.1 7/2005	Saw Hulth Servers
		File Upload	x .
		File Opload	
		File size	should not be greater than 4mb.
		Choos	se File No file chosen
			Save Close
	dit View Sign Window Open. Recom PDFs from last seas Open Recom Elle Save Addition Save Addition Recent Elle Save Addition Recent Protect Using Passgord Compress PDF Protect Using Passgord Share File Colors File Egit Application	dit. View Sign Window Help Quen. COVI+O Recom FDF hom last sesion Open Recent Ele Save do: Shith-Cirl+S Save do: Shith-Cirl+S Save do: Cirl+P Protect Using Pasagord Share File Protect Using Pasagord Share File Corpores ROF Protect Using Pasagord Share File Cort+W Egit Application Cort+Q Save File Cort+V Save File C	dit. View Sign Window Help Open- Open Recent Ele Save adus Save adus Edit - Sub- Save adus Edit - Sub- Edit - Sub- Edit - Sub- Save Adus Edit - Sub- Save Adus Edit - Sub- Edit - Sub- Save Adus Edit - Sub- Edit - Sub- Save Adus Edit - Sub- Save Adus Edit - Sub- Edit - Sub- Sub- Edit - Sub- Sub- Edit - Sub- Sub- Edit - Sub- Sub- Edit - Sub- Sub- Edit - Sub- Sub- Edit - Sub- Sub- Sub- Edit - Sub- Sub- Edit - Sub- Su

12. When you are ready to submit, select Process and Submit

Skip to main content TEXAS Health and Human Services	partment of State ervices		
✓ ☑ X ☑ IS EDR: 00000000000302	DISINTERMENT PERMIT Registrant Name: JOHN KING TORRANCE	TREQUEST Date of Death: SFN: 2018/06/05 0002802018	View Corrections/Supporting Documents Abandon Upload/Scan Consent Form Print Consent Form Print Blank Consent Form
Fields List ✓ Demographic 1	Verification of Deat	th Facts has been signed	Exit

13. Click Yes if you want to submit the changes



7 Death Disinterment Permit, 2021

14. Enter your PIN, click the box affirming the changes, and click Ok

Enter PIN >	
As a basis for this application, I state that I will, in the disinterment of this body, abide by and obey the State Statutes of Texas, local ordinances, and regulations of the cities and counties in which disinterment and reinterment are to take place. I further state that, to my knowledge, there is no legal impediment to the disinterment and I have enclosed the required permission of all parties involved.	
Ok Cancel	
Disinterment Request X	
Disinterment Permit will be submitted once payment is done.	

15. The payment screen will open as a new browser window; fill out the payment information. After filling out the top section, click "Save Amendment Request Detail"

			AKE PAYMENT		
Record Details					
Decedent ID:	302		Decedent Name:	JOHN KING TORR	ANCE
Funeral Home:	AUSTIN FUNERAL H	OME	Funeral Director:	FUNERAL DIRECT	ORRC
Please do not refresh this p	bage.				
Requestor Details (jightight	ed fields are mandatory)				
Requestor type:	FUNERAL HOME				
First Name:			Middle Name:		
Last/Organization Name:	AUSTIN FUNERAL HOME	E	Suffix:	Select a value	*
Address1:	6000 BURNET ROAD		Address2:		
State/Country:	TEXAS	~	City/Town:	AUSTIN	
Zip:	78754		Zip Ext:		
Mailing Address Details	ighlighted fields are mandate	ory for maili	iss if any)		
Mailing address same a	as requestor				
First Name:			Middle Name:		
Last/Organization Name:	AUSTIN FUNERAL HON	1E	Suffix:	Select a value	~
Address1:	6000 BURNET ROAD		Address2:		
State/Country:	TEXAS	~	City/Town:	AUSTIN	

Click the box next to "Please add death certificates" and enter how many copies you want to order if applicable. Select how you want the copies mailed (USPS First Class Mail, USPS Express Mail, Expedited Delivery) and click Add/Update Certificate Order.

Shipping Address Details					
Shipping Address Seturis Shipping address same a	s requestor				
Shipping Method:	USPS FIRST CLASS MAIL	~			
First Name:			Middle Name:		
Last/Organization Name:	AUSTIN FUNERAL HOME		Suffix:	Select a value	*
Address1:	6000 BURNET ROAD		Address2:		
State/Country:	TEXAS	*	City/Town:	AUSTIN	
Zip:	78754		Zip Ext		
Certificate Details					
Type Of Certificator	DEATH LEGAL SIZE		~		
No Of Copies:	5	\supset	Cost	\$ 32.00	
			Shipping Fee:	\$ 0.00	
			Total:	\$ 32.00	

Confirm the number of copies you want to order and click Ok.

Amendment Order	×
Are you sure you want to order 5 copies of Death Certificate?	
Yes No	
Amendment Order	
Certificate order saved successfully.	
OK	

Click Pay Now

	Delete	Description	Price(S)	Quantity	Shipping	Item Cost(S)	Shipping First Name	Shipping Middle Name	Shipping Last Name
	0	DISINTERMENT REQUEST	25	1	0	25			
Select	0	DEATH CERTIFICATE ORDE	32	5	0	32			AUSTIN FUNERAL HOME
6									•
ansacti	on Deta	ails							
ansacti SHS Pri	ion Deta	ails					\$ 57.00		
ansacti SHS Pri tipping	ion Deta ice : Fee :	ils					\$ 57.00 \$ 0.00		
ansacti SHS Pri hipping xas.go	ion Deta ice : Fee : v Price'	ils •:					\$ 57.00 \$ 0.00 \$ 58.53		

Please note: Texas.gov adds a courtesy fee automatically and is included in your total.

NOTE: IF YOU DO NOT PROCESS A PAYMENT WHEN THE WINDOW OPENS, THE CHANGES WILL NOT BE SAVED; THE AMENDMENT WILL NEED TO BE RESTARTED

16. Submit the payment. A confirmation email will be sent to the email address indicated on the order.

NÏĊ				
Payment Type	2 Customer Info	3 Payment	3 3	ubmit Payment
vayment				
Payment Type				×
Customer Inform	Credit	/Debit Card		
Country *			Complete all re	quired fields [*]
First Name *	· · · · · · · · · · · · · · · · · · ·	Last Name *		
Address *				
Address 2				
City *		State *		~
ZIP/Postal Code	*			
Phone Number *				
Email * 🍘				
				Next >

Country *			Complete all required	field
United States	•			
First Name *		Last Name *		
Stephen	0	McCandless		0
Address *				
123 My Street			0	
Address 2				
			Ø	
City *		State *		
Austin	0	TX - Texas	~	0
ZIP/Postal Code *				
78756	0			
Phone Number *				
512-776-3010	0			
Email * 🕜				
stephen.mccandless@dshs.texas.gov				

ustomer Information				~	Tranc	action Summ	
				Edit	Irans	action Summa	ary
Address Stephen McCandless 123 My Street Austin, TX 78756	Phone Number 512-776-3010					TxEVER-Vital Statistics Texas.gov Price	\$58.5 \$58.5
Country United States	Email Address stephen.mcca	ndless@dshs	texas.gov				
ayment Information					Need	Help?	
Credit Card Number * 👔	Credit Card T	/pe	emplete all required	fields [*]	You have Customer Informatio	selected to pay by credit o Billing Information and en n.	ard. Complete ter Credit Card
[] 🖉 🖉 👔	ISA DISCO	YER				
Expiration Month *	Expiration Yea						
11 - November 🗸 🥝	2022	~	0				
Security Code * 🍘							
123							
Name on Credit Card *							
Stephen McCandless	0						
			Nex	t 🔉			

ayment Type		4	Transaction Summar	у
			TxEVER-Vital Statistics	\$58
	Credit/Debit Card		Texas.gov Price 💿	\$58.
ustomer Information		1		
tdress Stephen McCandless 123 My Street Jastin, TX 78756 puntry United States	Phone Number 512-776-3010 Email Address stephen inccandless@dshs texas g	Edit	Need Help? Review payment information. You may and Payment Method here if needed. V complete, select Make Payment. You w printable receipt at the end of your succ payment transaction.	edit Billin ihen ill receive sessful
ayment information		×		
redit Card Visa ****6781 Exp. 11/2022	Name on Credit Card Stephen McCandless	Edit		
rification				
I'm not a robot	CAPTCHA ary - Tama			
Cancel	Submi	t Payment		
				_
	Please wait			
	Your payment is being process	sed.		

Note: Within the confirmation, while there will be two duplicate transaction amounts, the credit card was only charged once.

Transaction Summary

Description	Amount
Department of State Health Services Vital Statistics Payment	\$58.53
Texas.gov Price	\$58.53

17. Print the PDF version of the receipt offered by TxEVER. This contains the remit number starting with an X so your order can be found if customer service is needed later.

vment was success processing, wou	sful and amendment is sent to review fo Id you like to print payment receipt? Yes No
Thank you. Please quote this R Transaction Details	Order Receipt emit Number for any queries in future related to this transaction.
Remit Number	x000265
Payment ID	61
Transaction Date	12/1/2021 10:48:39 AM
Decedent First Name	JOHN
Decedent Last Name	TORRANCE
DSHS Price (\$)	57.00
Shipping Fee (\$)	0.00
Texas.gov Price * (\$)	58.53
Requestor First Name	
Requestor Middle Name	
Requestor Last Name	AUSTIN FUNERAL HOME
Order Number	62174816
	Sugges

includes funds that support the ongoing operations and e provided by a third party in partnership with the State.

The receipt PDF can be accessed and printed during another TxEVER session by following steps 1-6, clicking Record, Print, and then Death Order Receipt.

Skip to ma	ain content GLOBAL DEATH	FETAL DEATH				🕈 🚨 📅 🖂 LogOut
	TEXAS Health and Human Services Health Services	of State	FU	NCTIONS +	Search TOOLS -	HELP -
M 🗱 👒			FUNERAL HOME PROCESSES		Process Stakeholder Amendment Request Disinterment Permit Abandon	Work Queue: ; JOHN, 06/05/2018 ¥ 1
	Hide More Info				Print	Death Order Receipt
	Description	Set By	Set On	Comment		A
	DISINTERMENT REQUEST IN PROGRESS	SMCCANDLESS	12/1/2021 10:44:02 AM	SET BY SYSTEM		
	DISINTERMENT REQUEST PENDING	SMCCANDLESS	12/1/2021 10:44:02 AM	SET BY SYSTEM		
						*
						Þ.

Conclusion

Once submitted, the amendment is not immediately available. It will be entered into a State Review Queue. The disposition information on the death certificate will be amended once the disinterment permit is approved.

If the disinterment permit is rejected, it will be sent to the State Rejection Queue. You will receive a message through TxEVER advising you of the reason for the rejection. The notification will only pop up for a few seconds. You can access your messages by clicking the envelope next to the LogOut link.



If the disinterment permit is accepted, you can print the disinterment permit directly from TxEVER.

Log in, click on Death, Functions, and then Permit Print Queue.



Change the Permit Filter to Disinterment Permit

13 | Death Disinterment Permit, 2021

Skip to main content GLOBAL DEATH	ETAL DEATH		♀ ≜ ff ⊠ LogOut
TEXAS Health and Human Services Health Services	of State FUNCTIONS -	RECORD - TOOLS -	HELP -
ş	Funeral Home Permit Print Queue		
	Permit Filter Burial Transit Permit Request Status Burial Transit Permit All previously norcy printed. SFN Year: * SFN From: SFN To: Submit		

The status should be Accepted

Skip to main content GLOBAL DEATH FETAL DEATH				♥ ≛ ♠	I 🖾 I LogOut
TEXAS Health and Human Services Health Services	FUNCTIONS -	RECORD -	TOOLS -	HELP +	
Funeral Hom	E PERMIT PRINT QUEUE				
Permit Filter	Disinterment Permit				
Repretest Status All previous All previous	Accepted Ily r Accepted Ily r Rejected)			
SFN ** SFN From	InValidated				
SFN To:	Submit				

All Previously Not Printed should be marked; Click submit.

Skip to main content	GLOBAL	DEATH	FETAL DEATH	I					♥ ≗ ⋪	🖾 LogOut
TEXA Health and Services	S Human Texa Heal	s Departme th Services	nt of State		F	UNCTIONS +	RECORD -	TOOLS -	HELP +	
Ş				Funeral Hom	e Permit Prin	IT QUEUE				
				Permit Filter	Disinterment Per	mit 👻	1			
			¢	Request Status All previous All previous SFN	ly printed.	~	1			
				Year: * SFN From SFN To:	1:					
				0	Submit					

Once the permit is displayed click on it, and then click Print.

00	OBAL DEATH FETAL	DEATH				V A I N I	
TEXAS Health and Humar Services	Texas Department of Stat Health Services	e	FUNCTIONS -	RECORD +	TOOLS -	HELP •	
-		Funeral Home Permi	T PRINT QUEUE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Permit Filter Disinter Request Status Accepte a All previously not prin All previously printed. SFN Year: * SFN From: SFN To: Submit	ment Permit 🖤 ad 🖤 ted.				
State File Number	State File Data Local File Meet 08/18/2018 8001000506 11/24/2021 01000001	06/21/2018 UNPRINTE UNPRINTE		DRRANCE, JOHN 06	te Of Death + V05/2018 V23/2021	Status ACCEPTED ACCEPTED	
۲ مربعی الم]ofil≽) ¢		Notes:	_	Display	ving Records 1 - 2 of 2	
Decedent's Name Sex:	ACCEPTED		Date Of Death: Method Of Disposition	06/05/2018 on:			
Place Of Death:	MALE		Name Of Cemetery/C	BURIAL			
1620 RUTLAND I Funeral Director Nam	DR AUSTIN TRAVIS TX 78758 ne:		Funeral Home Name	ANTONIO			
1920 RUTLAND Funeral Director Nan FU	OR AUSTIN TRAVIS TX 78758 ne: NERAL DIRECTORRC	Print	Funeral Home Name	ANTONIO			

DISINTERMENTPERMIT 1	/2 -	72%	+	€
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DEPARTMENT OF STATE HEALTH SERVICES	TEXAS VITAL STATISTICS
ART L INFORMATION RELATING TO THE DECEASED	
ULL NAME OF DECEASED	DATE OF DEATH
IOHN KING TORRANCE	JUNE 5, 2018
AUSTIN TRAVIS TEXAS	0002802018
IAME OF CEMETERY MISSION PARK CEMETERY-SAN ANTONIO	
YTY	COUNTY
SAN ANTONIO	BEXAR
IAME OF FUNERAL DIRECTOR	LICENSE NUMBER
IAME OF FUNERAL DIRECTOR	LICENSE NUMBER
FUNERAL DIRECTORIC	12586
AUSTIN FUNERAL HOME 6000 BURNET ROAD AUSTIN TEXAS 78754	
ERMISSION IS GRANTED TO MOVE THE BODY FROM THE PRESENT PLACE OF BURIAL TO	
MISSION PARK CEMETERY-SAN ANTONIO	
Section: 456 Block: 101 Lot: 2 Space: 25 SAN ANTONIO, TEXAS	
	\mathcal{O} :
	Jones
DATE :	GNATURE OF STATE REGISTRAR
NOTE: No separate burial-transit permit is required unless the body is being shipped by commo the lines	in carrier or is being moved across
nark in Ray.	
	10.000 (Health & Safety Cryle, \$195,003,1989)

≡	DISINTERMENTPERMIT 2 / 2 - 72% + 🗊 🔊	Ŧ	ē	:
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	CEMETERY CONSENT FORM	_		
	I (We) hereby give our consent for the disinterment and removal of			
	JOHN KING TORRANCE who is buried in 123/456			
	(Name of Deceased) (Plot & Block) Our records indicate that the plot owner(s) is/are AUSTIN MEMORIAL PARK			
	fur francistillizozi			
	Signature Date	_		
	Title			
	AUSTIN MEMORIAL PARK			
	Name of Cemetery			
	PLOT OWNER CONSENT FORM			
	1 (We) hereby certify that we are the owner(s) of record $123/456$			
	in Austin Memorial Park in (Plot)			
	give our permission of the disinterment of John King Torrance who is buried			
	D \$2/01/21			
	Signature of Owner Date			
	123 Any St-			
	Address 572-776-3010			
	Phone Number	_		
	NEXT-OF-KIN CONSENT FORM			
	I hereby certify that I am the Brother of JOHN KING TOPPANCE			
	(Relationship) (Name of Deceased)			
	there are no other living relatives that precede me in the degree of kindred; and I give my			
	(Name of Concerny Where Body is to be disinterred and moved to (1) ission Park Concerned			
	Simples 1401/2021			
	Signature Date			
		20		-

It's recommended to check daily for approvals and rejections.

