

Applying for a Disinterment Permit

Who Can Apply for a Disinterment Permit?

- The licensed funeral director in charge of interment. *Funeral directors should submit their applications in TxEVER for death records they submitted in TxEVER and will need to scan and upload the consent form with all signatures in TxEVER.*
- The Embalmer in charge of interment.
- The Professional Archeologist in charge of interment.

How Do I Order a Disinterment Permit?

- Complete and sign this application. See pages 2, 3 and 4.
 - Section 1 through 7 MUST be completed.
 - The date and signature of the applicant must be entered in section 6.**
 - The applicant requesting a disinterment permit must obtain written consent of the cemetery, the owner of the plot, and the decedent's next-of-kin. See page 4.
 - If the consent required cannot be obtained, the remains may be removed by permission of a **county court** of the county in which the cemetery is located.
- The application must be original. Photocopies, alterations, strike-through, or write overs will not be accepted.
- Submit a certified court order if consent cannot be obtained.
- Submit the appropriate fees. See fee schedule below.

For more information, go to: <https://www.dshs.texas.gov/vs/death/disinterment.aspx>.

Where Do I Mail the Application?

Regular Mailing Instructions - *Estimated processing time is 6-8 weeks.*

See <https://www.dshs.texas.gov/vs/processing/> for current times.

Please submit your application, supporting documents (if required) and fees to:

DSHS – Vital Statistics Section, P.O. Box 12040, Austin, TX 78711-2040.

Expedited Service Mailing Instructions - *Estimated processing time is 20-25 business days.*

The order and \$5.00 processing fee must be sent to the Vital Statistics Section via an **overnight mail service such as: FedEx, Lone Star, or UPS.**

Please submit your application, supporting documents (if required) and fees to:

DSHS-Vital Statistics Section, MC 2096, 1100 W. 49th Street, Austin, TX 78756.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR DENIAL OF YOUR APPLICATION.

Fees: How much must I submit?

	Fee Schedule	Fee (\$)		Total (\$)
Filing Fees:				
<input checked="" type="checkbox"/>	Disinterment Permit	\$25.00		= \$25.00
For urgent requests, orders may be EXPEDITED by paying the below expedited processing fee AND sending the order through an overnight mail service, such as: FEDEX, LoneStar, or UPS to: DSHS-Vital Statistics Section, MC 2096, 1100 W. 49th Street, Austin, TX 78756.				
	Expedited processing Fee (per application)	\$5.00		=
All orders are returned free of charge by USPS regular mail. For expedited return mail service, select one of the overnight return shipping methods below.				
	Expedite Overnight Mail (shipping within USA)	\$12.50		=
	USPS Express Overnight Mail (shipping overnight to PO Box ONLY)	\$22.95		=
Death Certificate(s):				
	Certified Death Certificate – 1 st Copy	\$20.00	X 1	=
	Certified Death Certificate – Additional Copy(s)	\$3.00	X	=
Grand Total				

Fees may be combined in one check or money order made payable to DSHS – Vital Statistics

For the status of your request, contact VSS by telephone at 1-888-963-7111 or online at: <https://www.dshs.texas.gov/orderstatus/>.



Application for Disinterment Permit

Type or Print (please use blue or black ink ONLY)

Remittance No. _____

Section 1: What is Your Name? (Applicant's Information)

Name (First, Middle, Last):	
Address (Mailing Address, City, State, Zip):	
Email Address:	Telephone # (daytime) () -
Your relationship to Person named on the death certificate: <input type="checkbox"/> Funeral Director <input type="checkbox"/> Embalmer <input type="checkbox"/> Professional Archeologist >>>>>A COPY OF THE APPLICANT'S PHOTO ID MUST BE ATTACHED<<<<<	

Section 2: Death Certificate Information

Enter information as it appears on the current death certificate.

Death Certificate Number, if known:	142 - -		
Decedent's First Name:	Middle Name:	Last Name:	
Date of Death:			Sex:
Place of Death (City or town)	(County)	(State)	
Decedent's Date of Birth:	Decedent's Social Security Number, if known:		

Section 3: Place of Interment

Enter the full name of the cemetery, plot number (section, block, lot, and space or niche), city, county, and state in which the deceased is buried.

Cemetery:				
Section:	Block:	Lot:	Space:	Unknown:
City:		County:		State: TEXAS

Section 4: Place body is to be reinterred

Enter the full name of the cemetery, plot number (section, block, lot, and space or niche if applicable), city, county, and state where the body will be reburied.

Cemetery:				
Section:	Block:	Lot:	Space:	Unknown:
City:		County:		State:

Section 5: Funeral Director

Name:	License Number:
Name of Funeral Home:	
Address of Funeral Home (Mailing Address, City, State, Zip):	
Telephone Number: () -	

Section 6: Signature of Person in charge of Interment

Please sign below and ATTACH a copy of your valid Photo ID. Applications without acceptable valid ID attached will **not** be processed. Cross-outs or white-outs will **VOID** your application.

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 the 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.

WARNING: The Penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Texas Health and Safety Code, Chapter 195).

Signature

Date

CEMETERY CONSENT FORM

I (We) hereby give our consent for the disinterment and removal of _____
(Name of Deceased)

who is buried in _____
(Plot and Block)

Our records indicate that the plot owner(s) is/are _____

Signature *Date*

Title

Name of Cemetery

PLOT OWNER CONSENT FORM

I (We) hereby certify that we are the owner(s) of record _____
(Plot)

in _____ either by purchase or inheritance and we hereby give our

permission of the disinterment of _____ who is buried in that plot.

Signature of Owner *Date*

Address

Phone Number

NEXT-OF-KIN CONSENT FORM

I hereby certify that I am the _____ of _____
(Relationship) *(Name of Deceased)*

There are no other living relatives that precede me in the degree of kindred; and I give my permission for the body to be disinterred and moved to _____

(Name of Cemetery Where Body is to be Interred)

Signature *Date*