ARKANSAS DEPARTMENT OF HEALTH
Vital Records

REQUEST TO DISINTER

Date of Submission

_____

As an Arkansas Licensed Funeral Director, I verify that the undersigned Next of Kin requests permission to disinter and that the disinterment will be conducted in accordance with Arkansas Statute 20-18-604 and corresponding ADH Rules for the Administration of Vital Records.

Name of Deceased:

_____

Date of Death: _____ Death Certificate File #: _____

Place of Death:

_____ _____ _____

(City) (County) (State)

Place of Interment:

_____ _____

Name of Cemetery (Section #, Block, & Lot) Address (City, State, & Zip Code)

Place of Reinternment: ☐ Unknown

_____ _____

Name of Cemetery (Section #, Block, & Lot) Address (City, State, & Zip Code)

Name and Address of <u>Arkansas Licensed</u> Funeral Director Handling the Disinterment:

_____ _____

Name of Funeral Director & License #: Address:

_____ _____

Signature: (Arkansas Licensed Funeral Director) Name of Funeral Home:

NEXT OF KIN AUTHORIZATION

I certify that I am the next of kin of the deceased and authorized to request this disinterment.

I understand that Vital Records law recognizes a deceased person's Spouse, Children, Parents, Grandparents, and Grandchildren as authorized to receive death certificate information. In the Spirit of this law, I have notified these family members of this disinterment.

_____ _____ _____

(Signature of Next of Kin) (Relationship to the deceased) (Print Name)

FUNERAL DIRECTOR INSTRUCTIONS

- **Funeral director will submit this form to the Vital Records section.**
- **If the death occurred outside of the state of Arkansas, the funeral director will also send a certified copy of the death certificate.**
- **Arkansas Deaths must include death certificate state file number.**
- **Next of kin authorization is not required if a court order is enclosed.**
- **The disinterment must be approved by State Registrar to receive a permit.**

SEND TO:
Arkansas Department of Health
Vital Records Section, Amendments
4815 West Markham, Slot 44
Little Rock, AR 72205
FAX: 501-661-2869
Telephone: (501) 682-1214

OFFICIAL USE ONLY:
Date Approved: _____ _____
Date Issued: _____ Signature of State Registrar

VR-31 (9/22)