


REQUEST FOR PERMIT FOR DISINTERMENT OF BODY BURIED IN WISCONSIN

Pursuant to s. 69.18 (4), Wis. Stats.

NOTE: THIS DOCUMENT DOES NOT SERVE AS A PERMIT FOR DISINTERMENT. The signed permit must be obtained from the Coroner/Medical Examiner in the county of burial before disinterment may take place. If the corpse is to be cremated, written permission of the Coroner/Medical Examiner must be obtained in compliance with s.979.10, Wis. Stats.

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|--|--|---|------------------------------------|
| FAMILY MEMBER/GUARDIAN REQUESTOR | NAME OF PERSON REQUESTING DISINTERMENT (First, Middle, Last) | | PHONE NUMBER (Including Area Code) |
| | RESIDENCE (Complete Mailing Address) | | |
| | <p>LEGAL RELATIONSHIP TO DECEDENT State law specifies that a Coroner/Medical Examiner may issue a disinterment permit upon request from any of the following persons, in order of priority stated, when persons in prior classes are not available at the time of application, and in the absence of actual notice of contrary indications by the decedent or actual notice of opposition by a member of the same or a prior class (Box 1 is the highest priority class): Check the appropriate box to show requestor's legal status.</p> <p> <input type="checkbox"/> 1. The decedent's spouse (at the time of death) <input type="checkbox"/> 4. An adult brother or sister of the decedent <input type="checkbox"/> 2. An adult son or daughter of the decedent <input type="checkbox"/> 5. A guardian of the person of the decedent at the time of death <input type="checkbox"/> 3. Either parent of the decedent <input type="checkbox"/> 6. Any other person authorized or obligated to dispose of the remains </p> | | |
| DECEDENT INFORMATION | NAME OF DECEDENT | DATE PRONOUNCED DEAD | PLACE OF DEATH (County and State) |
| | CURRENT COUNTY OF BURIAL | CITY VILLAGE OR TOWN | |
| | NAME OF CEMETERY | LOT LOCATION (If Known) | |
| POST-DISINTERMENT INFORMATION | <p>POST-DISINTERMENT DISPOSITION Check one box. If "Cremation" is checked, information on the new burial/entombment site is not required. If "Reburial/Entombment in the Same Cemetery" is checked, only the new lot number/entombment information needs to be completed. <input type="checkbox"/> Reburial/Entombment in the Same Cemetery (A permit is not required if the disinterment and reburial is made to correct an error.) <input type="checkbox"/> Reburial/Entombment Elsewhere <input type="checkbox"/> Cremation</p> | | |
| | STATE (Or country if not in U.S.) | COUNTY | CITY, VILLAGE OR TOWN |
| | NAME OF CEMETERY OR MAUSOLEUM | | NEW LOT NUMBER/ENTOMBMENT LOCATION |
| REQUESTOR'S ATTESTATION | <p>I swear that I am a member of the relationship category checked above in the "LEGAL RELATIONSHIP TO DECEDENT" section. I understand that by signing this request, I do hereby affirm (under penalties prescribed under s. 69.24, Wis. Stats.) that I know of no contrary indications to this disinterment made by the decedent prior to death. I also affirm that I am a member of one of the classes listed in legal priority order below [as specified by s. 69.18(4), Wis. Stats.], that any living members of the same or prior class have been duly notified of my intentions to request this disinterment permit and I know of no contrary indications by any of those members. I also understand that I am obligated to dispose or arrange for the disposal of the body in compliance with state and local laws and cemetery rules.</p> | | |
| | SIGNATURE OF REQUESTOR (Must sign in the presence of a notary) | | DATE SIGNED |
| NOTARY PUBLIC | <p>CERTIFICATE OF NOTARY PUBLIC</p> <p style="text-align: center;">  Subscribed and sworn before me this _____ day of _____, _____ (Month) (Year) _____, Notary of _____ Notary Signature (Enter County and State) </p> | | |
| | My commission expires (Enter Date) | Printed Name of Notary | |
| | | | |
| FUNERAL DIRECTOR (CEMETERY OFFICIAL | NAME OF FUNERAL HOME (If Applicable-Not Required) | MAILING ADDRESS OF FUNERAL HOME (If Applicable) | |
| | NAME OF FUNERAL DIRECTOR (If Applicable) | FUNERAL LICENSE NO. (If Applicable) | |
| | SIGNATURE OF FUNERAL DIRECTOR (Not Required) | DATE SIGNED | |
| | NAME OF CEMETERY OFFICIAL APPROVING DISINTERMENT PROCESS | TITLE | |
| | SIGNATURE OF CEMETERY OFFICIAL APPROVING DISINTERMENT PROCESS | DATE SIGNED | |

Date Received by Coroner/M.E. in County of Burial _____

Date Permit Issued _____