

## TENNESSEE DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS PERMIT FOR CREMATION OF HUMAN REMAINS

## **Instructions**

- 1. The fee of \$25.00 for this permit must be submitted to the Local Health Department in the county of death at the time of application.
- 2. The funeral director or person applying for this permit is responsible for obtaining the authorization of the medical examiner in the county where the death occurred.
- 3. When cremation is complete, the person in charge of the cremation should mail a copy of this form to the local or deputy registrar who issued the permit.

Name of Decedent		Sex	Date of Birth	Date of Death
Place of Death – City or Town, County		Name of Informant		
, ,				
Name of Funeral Director (or Person Acting as Such)			Name of Physician	Who will Certify Death
Address of Funeral Director (or Person Acting as such)				
APPLICATION FOR PERMIT	I hereby apply for a permit for the cremation of the remains of the above named decedent. I agree to abide by all laws and rules of the Tennessee Department of Health and all other laws pertaining to the cremation. If I have not been able to submit a properly completed certificate of death for this person at the time of this application, I agree to file the certificate within three days with the local or deputy registrar in the county where the death occurred.			
	Signature			Date
	Address			
PLACE OF	Name and address of Crematory where remains are to be cremated			
CREMATION				
	Address			
	I consent to the issuance of the Permit for Cremation			
AUTHORIZATION OF MEDICAL	Signature of Medical Examine	r		Date
EXAMINER	Address			
	This permit for the cremation of	of the remain	ns of the above named	decedent is granted.
PERMIT OF LOCAL OR	Signature of Local or Deputy I	Registrar		Date
DEPUTY REGISTRAR	Address			
	I contifu that the averagion of	4la a manasira		de adant von made in accordance with the
CERTIFICATION OF PERSON IN	I certify that the cremation of the remains of the above named decedent was made in accordance with this permit on			
	Date	at	Place	
CHARGE OF THE CREMATION				
CREMATION	Signature			
	Address			

PH-3752 RDA 1468