

Disinterment/Reinterment Permit

FUNERAL ESTABLISHMENTS

The Minnesota Department of Health (MDH) does not need a copy of the Disinterment/Re-interment Permit. However, we require funeral establishments to complete the form in its entirety and retain a copy for your records.

[Minn. Stat. 149A.96 \(https://www.revisor.mn.gov/statutes/cite/149A.96\)](https://www.revisor.mn.gov/statutes/cite/149A.96)

If you have any questions or unable to access the form online, please contact the Licensing, Certification and Registration division at 651-201-4200 or at health.mortsci@state.mn.us.

Required Information

1. Name of deceased: _____
2. Cemetery of current interment
Name: _____
City: _____ State: _____
3. Cemetery of new interment or place of cremation:
Name: _____
City: _____ State: _____
4. Legal representative(s) authorizing disinterment/reinterment. *Attach additional sheet of names if required.*
Name: _____
Relationship: _____
Name: _____
Relationship: _____
Name: _____
Relationship: _____
5. Licensed Mortician in charge of disinterment
Name of Licensed Mortician: _____
Mortician License Number: _____
Name of Funeral Home: _____
Signature: _____
Date signed: _____

DISINTERMENT/REINTERMENT PERMIT FOR MORTUARY SCIENCE

6. Licensed Mortician in charge of reinterment. *Complete only if different than individual listed in #5.*

Name of Licensed Mortician: _____

Mortician License Number: _____

Name of Funeral Home: _____

Signature: _____

Date signed: _____

7. Expected date of disinterment: _____

8. Expected date of reinterment: _____

9. Expected date of cremation (if known): _____

Minnesota Department of Health
Health Regulation Division
Mortuary Science Licensing & Registration
PO Box 64882
St. Paul, MN 55164-0882
Phone 651-201-4200

health.mortsci@state.mn.us

[Mortuary Science \(https://www.health.state.mn.us/facilities/providers/mortsci/\)](https://www.health.state.mn.us/facilities/providers/mortsci/)

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To obtain this information in a different format, call 651-201-4200.