

## State of Florida, Department of Health, Vital Statistics APPLICATION FOR BURIAL - TRANSIT PERMIT

Α.	(TYPE)	(TYPE)											
1.	Name of Deceased	First	Middle	Last		Date of Death	Month	Day	Year				
2.	Place of Death County	City, Town o	Location	Name of (If neither, give street address) Hosp. or Inst.									
3.	Name of Medical Certifier	cal Examiner Phys	Address				Phone Nu	ımber					
4.	Name of Funeral Home/ Establishment	Direct Disposal	Address		Fla. Lic. No./F	Reg. No. P	hone No. (Are	∋a Code)					
5.	Appropriate Box	ppropriate application.											
			He/she verified that this death was from natural causes, that there was no accident nor other external cause of death,										
		and that certification of	of cause of death within	will complete and sign the medical ause of death within 72 hours.									
	с	· 🔲		He/she verified that miner, will complete and sign the									
		medical certi	fication of cause of deat	h within 72 hours.	, Me	edical Exar	niner, will con	plete and	sign the				
6.	Funeral Director/ Direct Disposer	Sign	ature	F.E. No	o./Reg. No.		Dates	Signed					
B.       BURIAL - TRANSIT PERMIT         Permission is hereby granted to dispose of this body.       Permit No.         A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate we 72 hours.         No extension of time for filing the death certificate has been requested.       Date         Registrar or       Date         Subregistrar Signature       Issued:													
C.	AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA												
	Approval Number:			Date									
	Medical Examiner,			gave authorization by tel	ephone to								
	Funeral Director/Direct Disposer.       Date         The Medical Examiner's approval must be obtained before disposal by any of the above methods.       A waiting period of 48 hours after death is required for all cremations.												
D.	CEMETERY OR CREMATORY												
	Method of Disposition:			Place of Disposition									
	BURIAL	STORAGE		Date of Disposition									
	CREMATION Signature of Sexton or Person-in-Charge	OTHER (Specify)	)										
Th	is permit must be endors	ad by the Soyten or n	oreon in charge (or by	the Euroral Director/Di	root Disposor y	when there	ic no Sovtor	a) and rate	urned				

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.



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Α.	(TYPE)													
1.	Name of	First	Mic	dle	Last		Date	Month	Day	Year				
	Deceased						of							
							Death							
2.	Place of Death	City, T	own or Location		Name of	(If neither, give stree	t address)							
	County	-			Hosp. or									
					Inst.									
3.	Name of Medical		Ade	dress	•			Phone N	umber					
	Certifier													
	Medi	cal Examiner	Physician											
4.	Name of Funeral Home/		Address			Fla. Lic. No	/Rea. No. P	hone No. (Ar	ea Code)					
	Establishment						J	,	,					
5.	Check a	a. The m	nedical certification h	as been co	ompleted and sign	ed. A completed cer	tificate of de	ath accompa	nies this					
	Appropriate	applic				·		·						
	Box													
		). 🔲				was contacted of	on							
			e verified that this de	eath was fr	om natural causes			other externa	external cause of death,					
		and th				-,		will complete and sign the medical						
			cation of cause of de	ath within	72 hours									
	C	. 🗖				contacted on		н	e/she verif	ied that				
							Medical Exar	miner, will cor						
		medic	al certification of cau	use of deat	h within 72 hours				inproto una	eigir are				
6.	Funeral Director/		Signature			F.E. No./Reg. No.		Date	Signed					
	Direct Disposer		9											
	•													
В.			E	BURIAL	- TRANSIT PE	RMIT								
	Permission is hereby	granted to dispo	se of this body.				Permit I	No.						
	A five (5) day extens	sion of time for t	iling the death cert	ificate (ex	clusive of weeken	ds) has been reque	sted and gra	anted since t	he physicia	an has				
	been contacted by th	e funeral director	and will not be able	to comple	te the medical cer	tification of cause-of-	death sectio	n of the death	n certificate	e within				
	72 hours.													
	No extension of time	for filing the deat	h certificate has bee	en requeste	ed.									
	Registrar or				Date	e	D	ate Certificat	е					
	Subregistrar Signatur	e			Issu	ed:	D	Due:						
~	AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA													
C.	AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA													
	Approval Number:					ate								
	Medical Examiner,			hy telephone to										
	Medical Examiner,, gave authorization by telephone to													
	The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is													
	required for all cremations.													
		10.												
_														
D.		1	OR FUNERAL	DIRECT	OR/DIRECT D	ISPOSER USE (	JNLY							
1.														
2.														
3.	Date Permanent Certific													
4.	Follow-up efforts & activ		s & dates contacted)	):										
5.	Name and place of disp													
6.	Funeral Director/Direct I	Disposer Report	Filed: Yes	·	No	Date Filed:								

### FUNERAL DIRECTOR/DIRECT DISPOSER COPY



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Α.	Γ)	YPE)															
1.	Name of First Deceased				Middle		Last			Date of	Month	Day	Year				
												Death					
2.	Place of Death			City, 1	Town o	r Locatio	n		Name of	(If neith	er, give street	address)					
	County	57							Hosp. or Inst.								
3.	Name of Medical Certifier										Phone N	umber					
		Medica	al Exan	niner	Phy	sician											
4.	Name of Funeral	Home/D	irect Di	sposal		Address					Fla. Lic. No.	/Reg. No.	Phone No. (A	rea Code)			
	Establishment											-					
5.	Check	a.		The m	nedical	certificat	ion has be	en comp	eted and si	gned. A c	completed cer	tificate of c	leath accompa	inies this			
	Appropriate Box			applic	ation.												
		b.								wa	as contacted o	n					
				He/sh	e verifi	ed that th	nis death w	vas from i	natural caus	ses, that th	here was no a	ccident nor other external cause of death,					
				and th										mplete and sign the medical			
				certific	cation o	of cause	of death w	ithin 72 h	ours.								
		С.							w	as contac	ted on		F	le/she verif	ied that		
											, N	/ledical Exa	aminer, will co	mplete and	sign the		
				medic	al certi	fication of	of cause of	f death wi	death within 72 hours.								
6.	Funeral Director/				Sigr	nature				F.E. No	./Reg. No.		Date	Signed			
	Direct Disposer																
B. BURIAL - TRANSIT PERMIT Permission is hereby granted to dispose of this body. A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours. No extension of time for filing the death certificate has been requested.																	
	Registrar or							D	ate			Date Certificat	te				
	Subregistrar Signature					ls	sued:			Due:							
C. 1.	Date Burial-Trans	sit Permi	t (pink d	copy) ree	ceived			AL RE	GISTRAF	USE O	NLY						
2.	Date Temporary Certificate received by Registrar:																
3.	Date Permanent Certificate received by Registrar:																
4.	Follow-up efforts & activities (Note parties & dates contacted):																
5.	5. Date of receipt of Funeral Director/Direct Disposer Report (if filed):																
6.	Efforts made by L	ocal Re	gistrar	to assist	in obta	aining me	dical certi	fication of	cause of d	eath:							

Funeral Director/Direct Disposer to mail or deliver this copy (pink copy) to Local Registrar within 24 hours after issuance.

### LOCAL REGISTRAR COPY

## INSTRUCTIONS - HOW TO COMPLETE THE APPLICATION FOR BURIAL TRANSIT PERMIT FORM

#### Section A.

### **APPLICATION FOR PERMIT**

1. Type name of deceased and date of death.

- 2. Indicate place of death: County: City, Town or Location; Hospital or Institution (if not in hospital or institution give street address)
- 3. Indicate the name, address and telephone number of the Medical Examiner or physician who is to provide the medical certification of death.
- 4. Indicate name, address, telephone number and license number of funeral home or direct disposal establishment.
- 5. a. Check if completed death certificate, including the completed and signed medical certification of cause of death accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.
  - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
  - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
- 6. Required the signature of applicant Funeral Director, F. E. License Number, or Direct Disposer, Registration Number, and the date the Application was signed.

#### Section B.

### **BURIAL – TRANSIT PERMIT**

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

#### Section C.

## AUTHORIZATION FOR CREMATION, DISSECTION, OR BURIAL-AT-SEA

(funeral director/direct disposer/yellow copy; white copy)

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL)

## FOR LOCAL REGISTRAR USE ONLY (pink copy)

- 1. The Local Registrar records the date the Burial-Transit Permit (Pink Copy) is received from the Funeral Director/Direct Disposer. Review items recorded and offer/provide any assistance indicated. Note if a completed certificate of death was also received (Item C-3) or when it is expected to be filed.
- 2. Record the date a temporary death certificate is filed and make plans for following up to obtain a permanent certificate.
- 3. Record the date a permanent certificate is received.
- 4. Note any follow-up efforts made by the Local Registrar to obtain a completed certificate with Funeral Director/Direct Disposer, Physician, Medical Examiner, etc. Note dates of phone calls, conferences, etc.
- 5. Record the date of receipt of Funeral Director/Direct Disposer Report (if filed).
- 6. Record any efforts made by Local Registrar or designee to assist in obtaining medical certification of cause of death.

#### Section D.

# **CEMETERY OR CREMATORY**

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is not Sexton); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in the space provided.

## FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY

- 1. Record the date the Funeral Director/Direct Disposer filed the pink copy of the Burial-Transit Permit with the Local Registrar of the county in which death occurred.
- 2. If a temporary death certificate was filed with the Local Registrar of the county in which death occurred, record the date in this item.
- 3. Record the date a permanent death certificate with a completed and signed medical certification of cause of death was filed with the Local Registrar of the county in which death occurred.
- 4. The Funeral Director/Direct Disposer is to record any follow-up activities he/she made himself/herself to obtain and file a completed death certificate with completed and signed medical certification of cause of death.
- 5. Document name, place, and method of disposition.
- 6. The Funeral Director/Direct Disposer will complete and file a copy of the Funeral Director/Direct Disposer report if he/she had difficulty in securing medical certification which prevented the filing of a completed death certificate by the expiration of the five-day extension (exclusive of weekends) as indicated on the Burial-Transit Permit. Record if filed or not filed and, record the date it was filed.