

MONTANA DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES
Vital Statistics Bureau
PO BOX 4210, Helena, MT 59604-4210

AUTHORIZATION

FOR REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF A DEAD BODY

- ORIGINAL TO LOCAL REGISTRAR
 ONE COPY TO CORONER
 ONE COPY TO MORTUARY/PERSON IN CHARGE OF DISPOSITION
 ONE COPY TO CEMETERY/CREMATORY OR TO ACCOMPANY REMAINS OUT-OF STATE

Machine or facsimile copies of this form shall be valid for all purposes

If fetal death, check box: and provide date for mother or fetus as appropriate

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ Male Female

DIED (or was found) ON: _____

AT: _____

IN: _____ COUNTY.

TO BE COMPLETED BY INDIVIDUAL AUTHORIZING REMOVAL, TRANSPORTATION AND FINAL DISPOSITION:

I HEREBY AUTHORIZE THE REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF THE REMAINS OF THE ABOVE-NAMED DECEDENT (OR IDENTIFIED FETUS) PURSUANT TO MY AUTHORITY UNDER 50-15-4-5, M.C.A.

I CERTIFY THAT I AM:

- THE CORONER HAVING JURISDICTION
 A MORTICIAN LICENSED UNDER 37-19-302, M.C.A.
 THE PHYSICIAN IN ATTENDANCE AT DEATH or THE PHYSICIAN'S DESIGNEE

signature _____ date _____ Montana license # (if any) _____

name (typed or printed) _____ name of agency or firm represented (if applicable) _____

address _____ city _____ state _____ zip _____

**If authorization is by person other than a mortician licensed under 37-19-302, M.C.A.
name and address of mortuary/person in charge of disposition and filing of death certificate under 50-15-403, M.C.A.**

name (typed or printed) _____ firm (if applicable) _____

address _____ city _____ state _____ zip _____

Cremation Authorization: _____ date signed _____

CEMETERY OR CREMATORY AUTHORITY MAY COMPLETE

date of disposition _____ cemetery or crematory name _____ buried cremated

city of disposition _____ county _____ state _____ sexton or person in charge _____

DECEDENT

AUTHORIZATION

DISPOSITION