

# Fetal Death Disposition Permit

SUBJECT TO MINNESOTA STATUTES 145.1621 SUBD. 3 AND 4

1. Name of fetus or of parent(s) \_\_\_\_\_
2. Date of miscarriage \_\_\_\_\_
3. Place of miscarriage \_\_\_\_\_
4. Date of disposition \_\_\_\_\_
5. Date permit issued \_\_\_\_\_
6. Funeral home issuing disposition permit:  
Name \_\_\_\_\_  
Telephone \_\_\_\_\_ License No. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
7. Mortician issuing permit:  
Name \_\_\_\_\_  
License Number \_\_\_\_\_ Date signed \_\_\_\_\_  
Signature \_\_\_\_\_
8. Place of disposition:  
Name \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
9. Cemetery or crematory official:  
Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Mortuary Science  
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8/30/19

To obtain this information in a different format, call: 651-201-3829.