STATE OF MINNESOTA

FETAL DEATH DISPOSITION PERMIT

(SUBJECT TO MN STATUTES §145.1621 subd. 3 & 4)

1. NAME OF FETUS OR NAME 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:

   6a. NAME _____
   6b. TELEPHONE _____ 6c. Lic. No. _____
   6d. ADDRESS _____
   6e. CITY _____ 6f. STATE _____ 6g. ZIP _____

7. MORTICIAN ISSUING PERMIT:

   7a. NAME _____
   7b. LICENSE NUMBER _____ 7c. DATE SIGNED _____
   7d. SIGNATURE _____

8. PLACE OF DISPOSITION:

   8a. NAME _____
   8b. TELEPHONE _____
   8c. ADDRESS _____
   8d. CITY _____ 8e. STATE _____ 8f. ZIP _____

9. CEMETERY OR CREMATORY OFFICIAL:

   9a. NAME _____
   9b. SIGNATURE _____
   9c. DATE SIGNED _____

HE-01668-01

WHITE ORIGINAL: FUNERAL HOME LISTED IN #6 ABOVE
DUPLICATE: CEMETERY / CREMATORY LISTED IN #9 ABOVE