STATE OF MINNESOTA
DISINTERMENT / RE-INTERMENT PERMIT
(SUBJECT TO MN STATUTES §149A.96)

1. NAME OF DECEASED: ________________________________________________________________

2. CEMETERY OF CURRENT INTERMENT:

   2a. NAME __________________________________________________
   2b. CITY __________________________________________________

3. CEMETERY OF NEW INTERMENT:
   (IF CREMATION IS TO FOLLOW DISINTERMENT, COMPLETE #3 AND #6b FOR CREMATORY)

   3a. NAME _______________________________________________________
   3b. CITY _______________________________________________________
   3c. STATE ______

4. LEGAL REPRESENTATIVE(S) AUTHORIZING DISINTERMENT:
   (SUBJECT TO MN STATUTES §149A.80 AND MN §149A.96)

   4a. NAME _______________________________________________________
   4a. RELATIONSHIP _____________________________________________
   4b. NAME _______________________________________________________
   4b. RELATIONSHIP _____________________________________________
   4c. NAME _______________________________________________________
   4c. RELATIONSHIP _____________________________________________
   4d. NAME _______________________________________________________
   4d. RELATIONSHIP _____________________________________________
   (ATTACH ADDITIONAL NAMES OF #4 IF REQUIRED)

5. INDIVIDUAL / FUNERAL HOME IN CHARGE OF DISINTERMENT / RE-INTERMENT:

   5a. NAME OF INDIVIDUAL __________________________________________
   5b. NAME OF FUNERAL HOME _______________________________________
   5c. LICENCE NUMBER OF #5b _______________________________________
   5d. SIGNATURE OF #5a ___________________________________________
   5e. DATE SIGNED _______________________________________________

6. EXPECTED DATE OF:
   6a. DISINTERMENT ______________________________________________
   6b. RE-INTERMENT ______________________________________________