DEPARTMENT OF HEALTH

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 _____

This form is provided for your convenience. Retain a copy. A return copy is <u>not</u> required.

Mortuary Science
PO Box 64882
St. Paul, MN 55164-0882
651-201-3829
health.mortsci@state.mn.us

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

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