



State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT

Check box if Fetal Death

A. (TYPE)

1. Name of Deceased (First, Middle, Last, Date of Death)
2. Place of Death (City, Town or Location, Name of Hosp. or Inst.)
3. Name of Medical Certifier (Medical Examiner, Physician, Address, Phone Number)
4. Name of Funeral Home/Direct Disposal Establishment (Address, Fla. Lic. No./Reg. No., Phone No.)
5. Check Appropriate Box (Medical certification completed, contacted on, verified death)
6. Funeral Director/Direct Disposer (Signature, F.E. No./Reg. No., Date Signed)

B. BURIAL - TRANSIT PERMIT

Permission is hereby granted to dispose of this body. Permit No.
A five (5) day extension of time for filing the death certificate...
No extension of time for filing the death certificate has been requested.
Registrar or Subregistrar Signature, Date, Issued, Date Certificate, Due

C. AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA

Approval Number: Date
Medical Examiner, gave authorization by telephone to Funeral Director/Direct Disposer. Date
The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. CEMETERY OR CREMATORY

Method of Disposition: BURIAL, STORAGE, CREMATION, OTHER (Specify)
Place of Disposition
Date of Disposition
Signature of Sexton or Person-in-Charge

This permit must be endorsed by the Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is no Sexton) and returned within 10 days to the local County Health Department in the county where disposition occurred.

Distribution: White: Cemetery or Crematory



**State of Florida, Department of Health, Vital Statistics
APPLICATION FOR BURIAL - TRANSIT PERMIT**

A. (TYPE) _____

1. Name of Deceased	First	Middle	Last	Date of Death	Month	Day	Year
2. Place of Death County	City, Town or Location			Name of Hosp. or Inst. (If neither, give street address)			
3. Name of Medical Certifier	Address			Phone Number			
<input type="checkbox"/> Medical Examiner		<input type="checkbox"/> Physician					
4. Name of Funeral Home/Direct Disposal Establishment	Address			Fla. Lic. No./Reg. No.	Phone No. (Area Code)		
5. Check Appropriate Box	a. <input type="checkbox"/> The medical certification has been completed and signed. A completed certificate of death accompanies this application.						
	b. <input type="checkbox"/> _____ was contacted on _____. He/she verified that this death was from natural causes, that there was no accident nor other external cause of death, and that _____ will complete and sign the medical certification of cause of death within 72 hours.						
	c. <input type="checkbox"/> _____ was contacted on _____. He/she verified that _____, Medical Examiner, will complete and sign the medical certification of cause of death within 72 hours.						
6. Funeral Director/Direct Disposer	Signature			F.E. No./Reg. No.	Date Signed		

B. **BURIAL - TRANSIT PERMIT**

Permission is hereby granted to dispose of this body. Permit No. _____

A five (5) day extension of time for filing the death certificate (exclusive of weekends) has been requested and granted since the physician has been contacted by the funeral director and will not be able to complete the medical certification of cause-of-death section of the death certificate within 72 hours.

No extension of time for filing the death certificate has been requested.

Registrar or Subregistrar Signature _____ Date Issued: _____ Date Certificate Due: _____

C. **AUTHORIZATION for CREMATION, DISSECTION, or BURIAL-AT-SEA**

Approval Number: _____ Date _____

Medical Examiner, _____, gave authorization by telephone to _____ Funeral Director/Direct Disposer. Date _____

The Medical Examiner's approval must be obtained before disposal by any of the above methods. A waiting period of 48 hours after death is required for all cremations.

D. **FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY**

- Date Burial-Transit Permit (pink copy) was filed with Local Registrar: _____
- Date Temporary Certificate was filed with Local Registrar: _____
- Date Permanent Certificate was filed with Local Registrar: _____
- Follow-up efforts & activities (Note parties & dates contacted): _____
- Name and place of disposition: _____
- Funeral Director/Direct Disposer Report Filed: Yes _____ No _____ Date Filed: _____

FUNERAL DIRECTOR/DIRECT DISPOSER COPY



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A. (TYPE)

1. Name of Deceased (First, Middle, Last, Date of Death)
2. Place of Death (City, Town or Location, Name of Hosp. or Inst.)
3. Name of Medical Certifier (Medical Examiner, Physician, Address, Phone Number)
4. Name of Funeral Home/Direct Disposal Establishment (Address, Fla. Lic. No./Reg. No., Phone No.)
5. Check Appropriate Box (Medical certification completed, contacted on...)
6. Funeral Director/Direct Disposer (Signature, F.E. No./Reg. No., Date Signed)

BURIAL - TRANSIT PERMIT

B. Permission is hereby granted to dispose of this body. Permit No.
A five (5) day extension of time for filing the death certificate...
No extension of time for filing the death certificate has been requested.
Registrar or Subregistrat Signature, Date Issued, Date Certificate Due

FOR LOCAL REGISTRAR USE ONLY

1. Date Burial-Transit Permit (pink copy) received by Registrar:
2. Date Temporary Certificate received by Registrar:
3. Date Permanent Certificate received by Registrar:
4. Follow-up efforts & activities (Note parties & dates contacted):
5. Date of receipt of Funeral Director/Direct Disposer Report (if filed):
6. Efforts made by Local Registrar to assist in obtaining medical certification of cause of death:

Funeral Director/Direct Disposer to mail or deliver this copy (pink copy) to Local Registrar within 24 hours after issuance.

LOCAL REGISTRAR COPY

INSTRUCTIONS - HOW TO COMPLETE THE APPLICATION FOR BURIAL TRANSIT PERMIT FORM

Section A.

APPLICATION FOR PERMIT

1. Type name of deceased and date of death.
 2. Indicate place of death: County: City, Town or Location; Hospital or Institution (if not in hospital or institution give street address)
 3. Indicate the name, address and telephone number of the Medical Examiner or physician who is to provide the medical certification of death.
 4. Indicate name, address, telephone number and license number of funeral home or direct disposal establishment.
 5. a. Check if completed death certificate, including the completed and signed medical certification of cause of death accompanies the pink copy of the application for Burial-Transit Permit to the Local Registrar of the county in which the death occurred. (If the completed certificate cannot be obtained in sufficient time to be filed with the pink copy of the Application, check 5b.
 - b. Provide the name of the person contacted in an effort to obtain the name of the physician who is to complete and sign the medical certification portion of the certificate and the date he/she was contacted. The person contacted must be either the physician or a responsible person who can speak for him/her.
 - c. Check to indicate if this is a Medical Examiner case. Give the name of the person contacted who verified that the Medical Examiner will complete and sign the medical certification of cause of death and the date contact was made.
6. Required the signature of applicant Funeral Director, F. E. License Number, or Direct Disposer, Registration Number, and the date the Application was signed.

Section B.

BURIAL – TRANSIT PERMIT

If it is anticipated that the certificate cannot be filed within five days from the date of death, five additional days (exclusive of weekends) may be requested and granted by checking the box provided. If no extension of time is requested, check appropriate box.

The Registrar or Subregistrar who issues the Burial-Transit Permit will sign and date the Permit Application and assign the permit number. Section 382.006, Florida Statutes, requires that a Burial-Transit Permit be obtained prior to disposition or removal from the State and within five (5) after death. It shall be mailed or delivered to the Local Registrar of the county in which death occurred within 24 hours after issuance. NOTE: It is not necessary to wait until the Funeral Director/Direct Disposer has custody of the actual body to begin the paperwork.

Section C.

AUTHORIZATION FOR CREMATION, DISSECTION, OR BURIAL-AT-SEA (funeral director/direct disposer/yellow copy; white copy)

Approval for cremation, dissection, or burial-at-sea must be authorized by the Medical Examiner. Space for his/her approval number and date are provided. In addition, space is provided for the name of the person obtaining telephone approval from the Medical Examiner and the date such approval was obtained.

(NOTE: DO NOT HOLD UP FILING THE PINK COPY WHILE AWAITING MEDICAL EXAMINER APPROVAL)

FOR LOCAL REGISTRAR USE ONLY (pink copy)

1. The Local Registrar records the date the Burial-Transit Permit (Pink Copy) is received from the Funeral Director/Direct Disposer. Review items recorded and offer/provide any assistance indicated. Note if a completed certificate of death was also received (Item C-3) or when it is expected to be filed.
 2. Record the date a temporary death certificate is filed and make plans for following up to obtain a permanent certificate.
 3. Record the date a permanent certificate is received.
 4. Note any follow-up efforts made by the Local Registrar to obtain a completed certificate – with Funeral Director/Direct Disposer, Physician, Medical Examiner, etc. Note dates of phone calls, conferences, etc.
 5. Record the date of receipt of Funeral Director/Direct Disposer Report (if filed).
 6. Record any efforts made by Local Registrar or designee to assist in obtaining medical certification of cause of death.
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Section D.

CEMETERY OR CREMATORY

Required: Signature of Sexton or person-in-charge (or by the Funeral Director/Direct Disposer when there is not Sexton); check the appropriate box to indicate the method of disposition; fill in the date and place of disposition in the space provided.

FOR FUNERAL DIRECTOR/DIRECT DISPOSER USE ONLY

1. Record the date the Funeral Director/Direct Disposer filed the pink copy of the Burial-Transit Permit with the Local Registrar of the county in which death occurred.
2. If a temporary death certificate was filed with the Local Registrar of the county in which death occurred, record the date in this item.
3. Record the date a permanent death certificate with a completed and signed medical certification of cause of death was filed with the Local Registrar of the county in which death occurred.
4. The Funeral Director/Direct Disposer is to record any follow-up activities he/she made himself/herself to obtain and file a completed death certificate with completed and signed medical certification of cause of death.
5. Document name, place, and method of disposition.
6. The Funeral Director/Direct Disposer will complete and file a copy of the Funeral Director/Direct Disposer report if he/she had difficulty in securing medical certification which prevented the filing of a completed death certificate by the expiration of the five-day extension (exclusive of weekends) as indicated on the Burial-Transit Permit. Record if filed or not filed and, record the date it was filed.