

No. _____

Official Disposition, Removal or Transportation Permit

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed. As amended)

This permit can be signed only by the Board of Health (or in towns where there is no Board of Health by the Town Clerk) of the city or town in which the death has occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town: _____ Date: _____ 20 _____

A satisfactory death certificate having been filed for

_____ *full name of decedent*

Who died on _____ *date of death* US War Veteran _____

Born on _____ *date of birth* Who resided at _____

And who died of _____ *give immediate cause*

Permission is hereby given for (check all the appropriate boxes):

Removal from: _____ *name and address of original disposition*

Disposition at: _____ *name and address of cemetery or crematory*

Transportation to: _____ *name and address of immediate destination of remains*

Permission is hereby given to:

_____ *name of facility*

_____ *address of facility*

Signature of Board of Health Agent, or, in towns where there is no Board of Health, Town Clerk

Disposition, Removal or Transportation Permit

This section to be returned immediately to the issuing City/Town properly endorsed

To: _____
(Office Issuing permit)

City/Town of _____ Mass.

Name of Decedent _____

If US War Veteran, specify what war, organization, etc _____

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Endorsement

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms at

_____ *(name of cemetery or crematory)* _____ *(City/Town)*

on _____

Final Disposition _____

Certified by _____
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.