**Section 500.APPENDIX G Death Records**

**Section 500.ILLUSTRATION C Permit for Disposition of Dead Human Body**

STATE OF ILLINOIS PERMIT NO.\_\_\_\_\_\_\_\_\_\_

ORIGINAL **PERMIT FOR DISPOSITION OF DEAD HUMAN BODY**

THIS PERMIT MUST ACCOMPANY BODY TO DESTINATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DECEASED – NAME | | FIRST | | MIDDLE | | | | LAST | | SEX | DATE OF DEATH | (MONTH, DAY, YEAR) |
| AGE – LAST  BIRTHDAY  (YRS.) | PLACE OF DEATH | | | | COUNTY | | | | CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER | | | U.S. WAR VETERAN  (YES/NO) |
| DISPOSITION AUTHORIZED | | | | | |  | CAUSE OF  DEATH: | | | | | |
| □ HOLD BODY BEYOND 72 HOURS | | |  | | |  |  | | | | | |
| □ INTERMENT, ON (DATE) | | |  | | |  | PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY OR LABORATORY) | | | | | |
| □ CREMATION, ON (DATE) | | |  | | |  |  | | | | | |
| □ TRANSIT | | | □ DISINTERMENT | | |  | PLACE OF DISINTERMENT (NAME AND LOCATION) | | | | | |
| □ SCIENTIFIC STUDY | | | □ REINTERMENT | | |  |  | | | | | |

THE REQUIREMENTS OF ILLINOIS LAW HAVING BEEN MET, THIS PERMIT TO DISPOSE OF A DEAD HUMAN BODY IS ISSUED TO:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, FUNERAL DIRECTOR;. ILL. LICENSE NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SIGNED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LOCAL REGISTRAR

REGISTRATION ADDRESS: BY:

DISTRICT NO.

**SEXTON'S ENDORSEMENT:**

THE BODY ACCOMPANYING THIS PERMIT WAS RECEIVED AND WAS: INTERRED/CREMATED

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ON |  | | | , 19 | |  | | , IN |  | | CEMETERY OR CREMATORY – NAME | | |
| LOCATED AT | |  | | | (SIGNED) | | |  | | | | | |
|  | |  | | |  | | | SEXTON | | | | | |
| GRAVE OR VAULT: BLOCK | | |  | | LOT | |  | | GRAVE |  | |  | |
|  | | |  | |  | |  | |  |  | |  | SEE OTHER SIDE |

VR 204 (P.O. X002570-35M-2/90) **ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD**

(Source: Added at 15 Ill. Reg. 11706, effective August 1, 1991)