



APPLICATION TO DISINTER/REINTER HUMAN REMAINS (REVISED XX/XXXX)

Pursuant to the Official Code of Georgia § 31-10-20(f) authorization for disinterment and reinterment shall be required prior to disinterment of a dead body or fetus. Such authorization shall be issued by the local registrar to a licensed funeral director or other person acting as such, upon proper application, in the county in which the dead body or dead fetus was originally interred and a local registrar who issues such authorization shall not be civilly or criminally liable therefor if it is issued in good faith. A permit shall not be required when disinterment and reinterment are in the same cemetery.

FUNERAL DIRECTOR OR PERSON ACTING AS SUCH SHALL COMPLETE THIS FORM AND RETURN IT TO THE VITAL RECORDS OFFICE IN THE COUNTY IN WHICH THE BODY IS INTERRED

APPLICATION TO DISINTER AND REINTER A DEAD BODY OR FETUS		
NAME OF DECEASED		
DATE OF DEATH __/__/____	FETAL DEATH? <input type="checkbox"/> No <input type="checkbox"/> Yes	COUNTY OF INTERMENT
DISINTER FROM (CEMETERY NAME OR ADDRESS)		REINTER TO (CEMETERY NAME OR ADDRESS)
NAME OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		FUNERAL HOME NAME (IF APPLICABLE)
SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	DATE SIGNED __/__/____	FUNERAL DIRECTOR'S LICENSE NUMBER
SIGNATURE OF CEMETERY PLOT OWNER WHERE BODY ORIGINALLY INTERRED	DATE SIGNED __/__/____	
NAME OF APPLICANT REQUESTING DISINTERMENT	RELATIONSHIP TO DECEASED	
By signing below in the presence of a notary public, the applicant attests that he or she has the right to control the disposition of the remains of the deceased person, as defined by the Official Code of Georgia § 31-21-7. The applicant understands a fine of up to \$10,000 or imprisonment of up to five years, or both shall be imposed on any person who willfully and knowingly makes a false statement, as defined by the Official Code of Georgia § 31-10-31.		
APPLICANT SIGNATURE		DATE SIGNED __/__/____
ACKNOWLEDGED TO BE TRUE BEFORE ME (NOTARY'S SIGNATURE):	NOTARY SIGN DATE __/__/____	MY TERM EXPIRES ON (DATE): __/__/____
IMPRESS NOTARY SEAL HERE		IDENTIFICATION TYPE PRESENTED BY THE APPLICANT
		IDENTIFICATION NUMBER

AUTHORIZATION FOR DISINTERMENT AND REINTERMENT BY LOCAL REGISTRAR	
SIGNATURE OF LOCAL REGISTRAR	DATE SIGNED BY LOCAL REGISTRAR
PRINTED NAME OF LOCAL REGISTRAR	PERMIT NUMBER
TITLE & ORGANIZATION OF LOCAL REGISTRAR	IMPRESS COUNTY SEAL HERE