ARIZONA DEPARTMENT OF HEALTH SERVICES

DISINTERMENT-REINTERMENT WORKSHEET

Disclaimer: The funeral homes are encouraged to utilize this worksheet to meet the requirements in Arizona Revised Statute §32-1365.02.

The Disinterment-Reinterment Worksheet shall be completed to collect the information to create the Disinterment-Reinterment Permit. Arizona Revised Statutes §36-327 states a permit shall be provided to disinter human remains if a court in the State of Arizona orders/authorizes the disinterment or by the written consent of the decedent's family member of highest priority as specified in Arizona Revised Statute §36-381.

Arizona Administrative Code R9-19-312 provides guidance regarding the information that must be collected and submitted to obtain a disinterment-reinterment permit and also provides guidance regarding retention of the written authorization and court order which shall be retained for 10 years.

1. DATE OF DISINTERMENT	2. WHAT TYPE OF AUTHORIZATION SUPPORTS THIS REQUEST? CHECK ONE ☐ Court Order ☐ Written Consent From Authorizing Agent *If the court order checkbox is selected, please attach a copy of the court order to this worksheet.*

DECEDENT'S INFORMATION

3. DECEDENT'S FIRST NAME	4. DECEDENT'S MIDDLE NAME	5. DECEDENT'S LAST NAME	6. SUFFIX

7. GENDER/SEX ☐ Female ☐ Male	8. AGE Years _____ Months/Days _____ Hours/Minutes _____	9. RACE/ETHNICITY	10. DATE OF DEATH/DELIVERY

11. IF FETAL DEATH, MOTHER'S LEGAL NAME (FIRST, MIDDLE, LAST)

PLACE OF DEATH

12. CITY	13. COUNTY	14. STATE

BURIAL INFORMATION (NAME OF CEMETERY WHERE THE HUMAN REMAINS ARE BURIED)

15. CEMETERY/BURIAL FACILITY NAME	16. CITY	17. STATE

18. CEMETERY MANAGER'S NAME	19. DATE CEMETERY MANAGER NOTIFIED OF DISINTERMENT

AUTHORIZATION FOR REMOVAL (WRITTEN CONSENT)

I GRANT PERMISSION FOR THE HUMAN REMAINS OF THE ABOVE DECEDENT TO BE DISINTERRED AND REMOVED TO ANOTHER LOCATION.

20. AUTHORIZING AGENT PRINTED NAME/COURT NAME	21. SIGNATURE OF AUTHORIZING AGENT	22. RELATIONSHIP TO DECEDENT/COURT ORDER#	23. DATE AUTHORIZED/FILED DATE ON COURT ORDER

Case ID#_____ SFN #_____

AUTHENTICATION (FUNERAL DIRECTOR IN CHARGE OF THE DISINTERMENT)			
I AGREE TO ABIDE BY ALL APPLICABLE HEALTH LAWS AND REGULATIONS IN TRANSFERRING THESE REMAINS TO ANOTHER LOCATION.			
24. NAME OF FUNERAL HOME	25. ADDRESS OF FUNERAL HOME (STREET ADDRESS, CITY, STATE, ZIP)		
26. FUNERAL DIRECTOR'S PRINTED NAME	27. FUNERAL DIRECTOR'S SIGNATURE	28. DATE SIGNED	29. LICENSE NUMBER

DISPOSITION INFORMATION (CEMETERY/CREMATORY WHERE HUMAN REMAINS WILL BE REINTERRED/CREMATED)	
30. NAME OF FUNERAL HOME (HANDLING REINTERMENT OF HUMAN REMAINS)	31. ADDRESS OF FUNERAL HOME (HANDLING REINTERMENT OF HUMAN REMAINS - STREET ADDRESS, CITY, STATE, ZIP)
32. METHOD OF DISPOSITION	33. DISPOSITION FACILITY NAME (HANDLING REINTERMENT OF HUMAN REMAINS)
34. ADDRESS OF DISPOSITION FACILITY (HANDLING REINTERMENT OF HUMAN REMAINS - STREET ADDRESS, CITY, COUNTY, STATE, ZIP)	
35. CEMETERY/CREMATORY MANAGER'S PRINTED NAME	36. DATE OF REINTERMENT

Once this form has been completed and all signatures obtained, contact your local County Vital Records Office to determine the preference for submission of the worksheet. If the worksheet is submitted to the Bureau of Vital Records, please scan and email the worksheet to CountySupport@azdhs.gov.

Case ID#_____ SFN #_____

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1. The funeral home has the family member of highest priority complete, sign and date the fillable Disinterment-Reinterment Worksheet. This worksheet will represent the family's written consent to initiate the process. Discretion may be used for circumstances where the family member lives out of state. In this case, the signature may be obtained by fax or scanned copy of the Disinterment Reinterment Worksheet. If a court order is presented, the person who obtained the court order shall complete the worksheet.

2. The funeral director reviews, signs and dates the Disinterment-Reinterment Worksheet. The funeral home retains a copy of the worksheet.

3. The funeral home submits the worksheet to the County Vital Records Office or the Bureau of Vital Records (BVR). Please contact your local County Vital Records Office to determine the preference for submission of the worksheet. The worksheet may be submitted to the BVR by sending the worksheet to CountySupport@azdhs.gov.

4. The County or the BVR receives and reviews the Disinterment-Reinterment Worksheet and queries for the death record in the EDRS. A permit may be created in EDRS based on the information listed on the death record.

5. If cremation is requested, the permit request shall be referred to the medical examiner to obtain cremation authorization. The Medical Examiner's Office will not approve any cremations without a cause of death listed on a death certificate.

6. The County or the BVR submits the permit request to the medical examiner for cremation authorization approval.

7. The medical examiner receives and reviews the permit request.

8. If all information on the permit request is acceptable, the medical examiner approves the request.

9. The permit will be available for the funeral home to print from the EDRS.

10. The County or the BVR shall upload a copy of the completed Disinterment-Reinterment worksheet in the EDRS record under the Attachment link.

11. The County or the BVR shall click the send button/link in the EDRS to send a message to the funeral home notifying them that the permit is available to print.

Case ID#_____ SFN #_____