

DISTRIBUTION OF COPIES:

Place of Final Disposition
 Place of Death

Place Permit Issued
 Issuing Clerk – Retain Until Endorsement Received

STATE OF MAINE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

PERMIT FOR DISPOSITION OF HUMAN REMAINS

1. FULL NAME OF DECEASED (First, Middle, Last, Jr., etc.)				2. DATE OF DEATH (Mo., Day., Yr.)	
3. SEX	4. AGE	5. WAS DECEDENT EVER IN U.S. ARMED FORCES? Yes <input type="checkbox"/> No <input type="checkbox"/>	6. PLACE OF DEATH (City or Town) (State)		
7a. NAME AND ADDRESS OF FACILITY OR AUTHORIZED PERSON				7b. FUNERAL ESTABLISHMENT LICENSE NUMBER	
8. PERMISSION REQUESTED FOR: (Check All That Apply)					
<input type="checkbox"/> Temporary Storage <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Mausoleum <input type="checkbox"/> Removal From State <input type="checkbox"/> Burial at Sea <input type="checkbox"/> Use by Medical Science <input type="checkbox"/> Disinterment					
9. AUTHORIZATION FOR PERMIT	<input type="checkbox"/> Completed Death Certificate	<input type="checkbox"/> Report of Death (Funeral Directors Only)	<input type="checkbox"/> Medical Examiner's Release for Cremation, Removal from State, Burial At Sea, Use by Medical Science	<input type="checkbox"/> Application or Court Order for Disinterment	<input type="checkbox"/> Facility/Physician letter for disposition of fetal remains less than 20 weeks gestation or product of induced abortion of any gestation

PERMISSION IS HEREBY GRANTED TO REMOVE AND DISPOSE OF THE HUMAN REMAINS IDENTIFIED ABOVE

10. SIGNATURE OF CLERK OR SUBREGISTRAR →	11. CITY OR TOWN	12. DATE SIGNED (Mo., Day, Yr.)
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DISPOSITION

<input type="checkbox"/> REMAINS WERE PLACED IN TEMPORARY STORAGE	13. NAME OF CEMETERY OR VAULT	14. LOCATION (City or Town) (State)
	15. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
REMAINS WERE: <input type="checkbox"/> Buried <input type="checkbox"/> Cremated <input type="checkbox"/> Removed from State <input type="checkbox"/> Placed in Mausoleum <input type="checkbox"/> Buried at Sea <input type="checkbox"/> Medical Use	17. NAME OF CEMETERY, CREMATORY, MEDICAL SCHOOL, OR OTHER DESTINATION	18. LOCATION (City or Town) (State)
	19. SIGNATURE OF PERSON IN CHARGE, MUNICIPAL OFFICIAL, FUNERAL DIRECTOR, OR OTHER AUTHORIZED PERSON →	
DISPOSITION OF CREMAINS: <input type="checkbox"/> Buried <input type="checkbox"/> Scattered <input type="checkbox"/> To Family	21. NAME OF CEMETERY, OTHER LOCATION OR RECIPIENT	22. LOCATION (City or Town) (State)
	23. SIGNATURE OF RESPONSIBLE PERSON →	
<input type="checkbox"/> REMAINS WERE DISINTERRED	25. NAME OF CEMETERY OR VAULT	26. LOCATION (City or Town) (State)
	27. SIGNATURE OF PERSON IN CHARGE OR MUNICIPAL OFFICIAL →	
		28. DATE (Mo., Day, Yr.)

Directions: The person responsible for the disposition must present four copies of this form to the municipal clerk or subregistrar for signature. The permit is not valid until it has been signed by the clerk or subregistrar.