



HEALTH ANALYTICS & VITAL RECORDS SECTION

INSTRUCTIONS FOR COMPLETING THE BURIAL-TRANSIT PERMIT

All information on the Burial-Transit Permit must be typed or printed using dark blue or black permanent ink. The most recent permit has a revision date of 5/2006.

PERMIT NUMBER

This field is optional. If your location keeps track of the permits issued by assigning each permit a unique number, you may enter that number in this field.

FULL NAME OF DECEASED (First, Middle, Last)

Enter the current full legal name of the decedent. Be sure to include any applicable suffixes (i.e. Jr., III, etc.) if known.

MAIDEN NAME

If the decedent is a female, enter her maiden name if it is known. This is her last name prior to her first marriage (her last name on her birth certificate).

SEX

Enter the decedent's sex.

RACE

Enter the race of the decedent if known. More than one race may be entered if so desired.

AGE

Enter the decedent's age as of their last birthday. If the decedent was under one year of age enter their age according to the largest denominator possible. For example if decedent was 10 months of age enter 10 mo.; if decedent was 2 days of age enter 2 days.

DATE OF DEATH

Enter the month, day and year the decedent passed away. For those cases where a body has been found and the exact date of death is unknown enter the date the body was found followed by the letters FD. (i.e. 10/20/2005 FD)

PLACE OF DEATH

Enter the city, town or location where the death occurred. If death occurred outside the State of Alaska enter the city, town or location and the state where death occurred.

NAME OF FUNERAL HOME OR PERSON REQUESTING PERMIT

Enter the name of the funeral home or the person requesting the permit. Do not abbreviate names.

MAILING ADDRESS

Enter the full mailing address of the funeral home or person requesting the permit. Be sure to include their street and number or P.O. Box; city, state and zip.



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TRANSPORTATION OF BODY (If applicable)

Complete this portion only if the body is to be transported by common carrier from any location within Alaska to another point within Alaska or a point outside of Alaska.

FROM: Enter the name of the city, town or location where the body is being removed from.

TO: Enter the name of the city, town or location and state where the body is being shipped to. If this location is a foreign country enter the name of the city, town or location and foreign country where the body is being shipped to.

DISPOSITION OF BODY BY

Check the appropriate box to indicate the method of disposition (i.e. burial, cremation, or other). If "other" is checked specify disposition of body.

AT: Enter the name of the cemetery, crematory or the physical address of the indicated disposition.

LOCATED AT: Enter the city, town or location, and state of the indicated disposition.

REQUESTOR'S SIGNATURE

The funeral home director or the person requesting the permit must sign this permit, enter the date, and provide a daytime telephone number where they may be reached.

STATE REGISTRAR'S OR OTHER AUTHORIZED SIGNATURE

The State Registrar, or any other person authorized by the State Registrar, must sign this permit, print their title and enter the date.

BURIAL-TRANSIT PERMIT FORM DISTRIBUTION

WHITE COPY

The white copy of the permit must accompany the body until its final disposition. It must be endorsed and retained permanently in the files of the sexton or other person in charge of the burial place. Where there is no such authority, it must be endorsed by the person in charge of the burial, and then forwarded to the local registrar of the recording district in which such disposition took place.

YELLOW COPY

The yellow copy of the permit must be forwarded to the Bureau of Vital Statistics at the address shown at the top of the permit. If the permit was issued by the Bureau the yellow copy should be destroyed.

PINK COPY

The pink copy must be retained in the files of the office where the permit was issued.