Application for Disinterment Permit

PLEASE NOTE: *The Disease Control Regulations* subsection 302 states that a disinterment permit **IS NOT** required if the body is being re-interred within the same cemetery or for cremated remains.

Re: _____
name of deceased - please print

Date of Birth: _____ **Gender:** ☐ **M** ☐ **F**
Month/day/ year

I hereby make application for a permit to disinter the remains of the above deceased from:

_____ Cemetery located at _____
Name of cemetery — Name of city, town, village or R.M.

for reburial in _____ Cemetery located at _____
Name of cemetery — Name of city, town, village or R.M.

This death occurred at _____ on the _____
Name of city, town, village or R.M. — Month/day/year

Reason for disinterment _____

Relationship of applicant to deceased _____
(Application to be made by next of kin)

Is there full agreement amongst next of kin with this application for a disinterment permit?

☐ Yes ☐ No ***If no, the executor of the estate must make the application for disinterment.***

Name of Funeral Director who will supply service (if applicable): _____
Please print

Name of Funeral Home: _____ Phone #_____

Address _____ _____
city, province, postal code

Applicant's Name (please print) _____

Applicant's Address _____

Date: _____ Applicant's Signature _____

Please email application to:
PHBAdmin@health.gov.sk.ca

OR mail to
Attn: Executive Administrative Assistant
Population Health Branch, Ministry of Health
3475 Albert Street, Regina SK S4S 6X6
Phone: 306-787-8847