State of Idaho

AUTHORIZATION FOR FINAL DISPOSITION-TRANSIT PERMIT

THIS FORM MUST ACCOMPANY THE BODY TO FINAL DISPOSITION, INCLUDING TRANSPORTATION, STORAGE, INTERMENT, AND CREMATION

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)	2. SEX	3. SOCIAL SECURITY NUMBER

4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR: Months / Days	4c. UNDER 1 DAY: Hours / Minutes	5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City and State, Territory, or Foreign Country)

INSTRUCTIONS FOR COMPLETING PAPER DEATH CERTIFICATES

* At a minimum, complete items 1; 14; 16; 17a; 17b; 19a or 19b; 20; 21; 22; 23; and 39d for the 24-Hour Report and Authorization for Final Disposition

24-HOUR REPORT OF DEATH

If Certificate of Death is completed electronically, a paper 24-Hour Report does not need to be filed

In all other cases, a Report of Death must be mailed to (or otherwise filed with) the Local Registrar of the district in which death occurred **within 24 hours** after taking possession of the body.

10. EVER IN U.S. ARMED FORCES?
☐ Yes
☐ No

CERTIFICATE OF DEATH

A completed death certificate must be filed with the Local Registrar where death occurred within five (5) days from the date of death.

13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

DISPOSITION

* 14. METHOD OF DISPOSITION	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____		

* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	* 17b. LICENSE NUMBER (Of licensee)	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☐ No
▶		

PLACE OF DEATH

PLACE OF DEATH (19-22)

* 19a. IF DEATH OCCURRED IN A HOSPITAL: * 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify) _____

* 20. FACILITY NAME (If not facility, give street and number)	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE	* 22. COUNTY OF DEATH

DATE OF DEATH

* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)	

AUTHORIZATION FOR FINAL DISPOSITION - TRANSIT PERMIT

1. For all cases except cremation, out-of-state transport, or coroner's case, only the mortician's signature is necessary for final disposition.
2. If the body is to be transported out-of-state, is a coroner's case, or is to be cremated (also see #3), the death certificate and this authorization must be signed by the person responsible for certifying to the cause of death.
3. If the body is to be cremated, the coroner must give additional authorization on the Final Disposition form only.

Transporting, accepting for transport, interring, or otherwise disposing of a dead body or stillborn fetus without obtaining all necessary signatures required by law is a misdemeanor punishable by a fine of not more than one thousand dollars ($1,000) or imprisonment of not more than one (1) year, or both. [In accordance with §39-273(b)(3), Idaho Code]

To Crematory Manager: Do not cremate the body without the coroner's signature on this form.

CORONER'S AUTHORIZATION FOR CREMATION	DATE SIGNED
Signature ▶	___/___/___ MM DD YYYY

I, the Mortician or person acting as mortician, have obtained the authorizations/signatures required in §39-268,Idaho Code, for Authorization for Final Disposition

▶ _____
Mortician or person acting as mortician (Signature)

▶ _____
Person receiving the remains if transferred out-of-state (Signature)

CERTIFIER'S AUTHORIZATION FOR DISPOSAL

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

CERTIFIER'S AUTHORIZATION FOR FINAL DISPOSITION

☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE

☐ CORONER

Signature and Title of Certifier ▶

39b. LICENSE NUMBER

39c. DATE SIGNED ___/___/___ MM DD YYYY

* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)

▶ ___/___/___ MM DD YYYY

MORTICIAN: Complete/Verify

STATISTICAL INFORMATION

41. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) *Do not use retired*

42. KIND OF BUSINESS/INDUSTRY

43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)

1 ☐ 8th grade or less (includes none)
2 ☐ 9th - 12th grade, but no diploma
3 ☐ High school graduate or GED completed
4 ☐ Some college credit, but no degree
5 ☐ Associate degree (eg, AA, AS)
6 ☐ Bachelor's degree (eg, AB, BA, BS)
7 ☐ Master's degree (eg, MA, MBA, MEd, MEng, MS, MSW)
8 ☐ Doctorate or professional degree (eg, DDS, DO, DVM, EdD, JD, LLB, MD, PhD)

44. DECEDENT OF HISPANIC ORIGIN? (Check one or more boxes to best describe whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)

0 ☐ No, not Spanish/Hispanic/Latino
1 ☐ Yes, Mexican, Mexican American, Chicano
2 ☐ Yes, Puerto Rican
3 ☐ Yes, Cuban
4 ☐ Yes, other Spanish/Hispanic/Latino (Specify) _____

45. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

01 ☐ White
02 ☐ Black or African American
03 ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
04 ☐ Asian Indian
05 ☐ Chinese
06 ☐ Filipino
07 ☐ Japanese
08 ☐ Korean
09 ☐ Vietnamese
10 ☐ Other Asian (Specify) _____
11 ☐ Native Hawaiian
12 ☐ Guamanian or Chamorro
13 ☐ Samoan
14 ☐ Other Pacific Islander (Specify) _____
15 ☐ Other (Specify) _____

NAME OF DECEDENT _____
For use by certifier or institution

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LOCAL REGISTRAR COPY

SAMPLE