

STATE OF IOWA  
IOWA DEPARTMENT OF PUBLIC HEALTH  
Bureau of Health Statistics

**APPLICATION FOR DISINTERMENT IN IOWA**

*To be completed by an Iowa-licensed Funeral Director pursuant to Iowa Code section 144.34.  
Type or print legibly in upper & lowercase letters following instructions on reverse side of this form.*

Complete Parts 1—4 and  
submit for permit number to:  
Iowa Dept. of Public Health  
Attn: Vital Records  
Lucas State Office Bldg., 1<sup>st</sup> Flr.  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319

**PART 1. DECEDENT INFORMATION.**

NAME OF FUNERAL DIRECTOR		LICENSE NUMBER	MAILING ADDRESS (Street & Number or PO Box, City, State, Zip Code)	
NAME OF DECEASED	FIRST	MIDDLE	LAST	DATE OF DEATH (Month, Day, Year)
COUNTY OF DEATH	PLACE OF BURIAL (Name of Cemetery, City, State, Zip Code)			
CAUSE OF DEATH				

**PART 2. DISINTERMENT INFORMATION.**

PURPOSE OF THE DISINTERMENT	<input type="checkbox"/> AUTOPSY	<input type="checkbox"/> REBURIAL
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**PART 3. RE-INTERMENT INFORMATION.**

NAME OF CEMETERY	CEMETERY ADDRESS (Street & Number, City, State, Zip Code)	
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**PART 4. APPROVAL OF THE APPLICATION FOR DISINTERMENT BY SIGNATURE(S).**

*I affirm that I am the surviving spouse and as such am the responsible party to sign this application to disinter.*

SURVIVING SPOUSE – SIGNATURE	MAILING ADDRESS (Street & Number or PO Box, City, State, Zip Code)	DATE SIGNED (Month, Day, Year)
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*In the absence, death, or incapacity of a surviving spouse, the next of kin becomes the responsible party to sign an application to disinter. I affirm that I am the next of kin to the decedent named in this application to disinter and have legal authority pursuant to Iowa Code section 144.34 and 144C.5 to acquire a disinterment permit without a court order.*

SIGNATURE & RELATIONSHIP TO DECEDENT	MAILING ADDRESS (Street & Number or PO Box, City, State, Zip Code)	DATE SIGNED (Month, Day, Year)
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SIGNATURE & RELATIONSHIP TO DECEDENT	MAILING ADDRESS (Street & Number or PO Box, City, State, Zip Code)	DATE SIGNED (Month, Day, Year)

**PART 5. ISSUANCE INFORMATION AND PERMIT NUMBER.**

PERMIT ISSUED TO:		
ADDRESS:		
SIGNATURE OF ISSUING OFFICER – DEPUTY STATE REGISTRAR	PERMIT NUMBER	DATE SIGNED (Month, Day, Year)

**PART 6. DISINTERMENT COMPLETED.** Funeral director to maintain the original copy of this completed and signed form.

DATE DISINTERMENT COMPLETED (Month, Day, Year)
SIGNATURE FUNERAL DIRECTOR

Funeral Director to distribute copies to:

- 1) Cemetery of disinterment
- 2) Cemetery of re-interment
- 3) State vital records office

DO NOT WRITE HERE

**FOLLOW INSTRUCTIONS ON REVERSE SIDE**

## INSTRUCTIONS FOR SUBMITTING THE APPLICATION FOR DISINTERMENT AND DISTRIBUTING COPIES

Disinterment of a dead body or fetus is allowed for the purpose of autopsy or reburial only, and then only if accomplished by a funeral director.

Exception: A dead human body or fetus, properly embalmed and placed in a receiving vault, is not considered a disinterment when removed from the vault for final burial.

A permit for disinterment and, thereafter, re-interment is issued by the state registrar of vital records, or can be ordered by the district court of the county in which the body is buried.

Disinterment permits are required for any relocation above or below ground of remains from the original site of interment and are valid for 30 days after the date the permit is signed by the state registrar of vital records. Disinterment permits are issued on the form prescribed by the state registrar.

The state registrar of vital records, without a court order, can only issue a permit to disinter with the consent of the persons authorized to control the decedent's remains. The following persons who are competent adults may acquire a disinterment permit without a court order pursuant to Iowa Code section 144.34 and 144C.5, in the listed descending order. In all cases, when there is more than one person involved, their whereabouts must first be reasonably ascertainable:

1. A designee, or alternate designee, acting pursuant to the decedent's declaration.
2. The surviving spouse of the decedent, if not legally separated from the decedent or remarried.
3. A surviving child or a majority of the surviving children of the decedent.
4. The surviving parents of the decedent.
5. A surviving grandchild or a majority of the surviving grandchildren of the decedent.
6. A surviving sibling or a majority of the surviving siblings of the decedent.
7. A surviving grandparent or a majority of the surviving grandparents of the decedent.
8. A person or majority of persons in the next degree of kinship to the decedent in the order named by law to inherit the estate of the decedent under the rules of inheritance for intestate succession.
9. A person who represents that the person knows the identity of the decedent and who signs an affidavit affirming the identity of the decedent and assuming the right to control final disposition of the decedent's remains and the responsibility to pay any expenses incurred in the final disposition. A person who affirms the identity of the decedent pursuant to this paragraph is liable for all damages that result, directly or indirectly, from that affirmation.
10. The county medical examiner, if responsible for the decedent's remains.

The funeral director shall:

1. Acquire the Application for Disinterment form from the death registration website, or from the state registrar;
2. Print the form on the WHITE side of the official registration paper (i.e., the same paper as is also used to submit certificate of death registrations);
3. Complete Parts 1 and 2 of the Application either electronically prior to printing the form, or typing or printing legibly on the blank form;
4. Obtain the required signatures of approval in Part 3;
5. Submit the partially completed form to the state registrar of vital records for approval and signature of the issuing officer in Part 4 of the Application. The original signed Application will be returned to the funeral director;
6. Complete Part 5 of the Application after the disinterment has been completed;
7. Distribute a completed and signed copy to the parties listed below for their files. The funeral director should keep the original. Other copies may be on regular bond.
  - The sexton or person in charge of the cemetery in which disinterment is to be made;
  - The funeral director, to be used during transportation and their files (maintain original);
  - The sexton or person in charge of the cemetery of reburial; and
  - The state registrar of vital records, to be sent within ten days after the date of disinterment to the Iowa Dept. of Public Health, Attn: Vital Records, Lucas State Office Bldg., 1<sup>st</sup> Flr., 321 E. 12<sup>th</sup> St., Des Moines, IA 50319.

### WHEN A COURT ORDER IS REQUIRED:

A funeral director may await a court order before proceeding with disinterment of a decedent's remains if the funeral director is aware of a dispute among:

1. Persons who are members of the same class of persons previously described as having authority to control the remains; or
2. Persons who are authorized as described above and the executor named in the decedent's will or personal representative appointed by the court.

Disinterment for the purpose of reburial may be allowed by court order only upon showing a substantial benefit to the public.

Disinterment for the purpose of autopsy or reburial by court order shall be allowed only when reasonable cause is shown that someone is criminally or civilly responsible for such death, after hearing, upon reasonable notice prescribed by the court to the person authorized to control the decedent's remains as described above. Due consideration shall be given to the public health, the dead, and the feelings of relatives.