MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

Vital Statistics Bureau PO Box 4210, Helena, MT 59604-4210

AUTHORIZATION FOR REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF A DEAD BODY

1	ORIGINAL TO ONE COPY TO Local Registrer Coroner	ONE COPY TO MORTUARY/PERSON IN CHARGE OF DISPOSITION	OR TO ACCOMP	CEMETERY/CREMATORY PANY REMAINS OUT-OF STATE	
Service .	Machine	e or Facsimile copies of this form shall	Il be valid for all purp	oses	
	if fetal death, ch	if fetal death, check this box: **D** and provide data for mother or fetus as appropriate			
ļ	NAME;		DATE OF B	энтн:	
DEN			D Male	☐ Fernale	
DECEDEN	DIED (or was found) ON: date and time AT:		1	No. 100 100 100 100 100 100 100 100 100 10	
Ö	name of institution, address, location of	name of institution, address, location of death or discovery as best described, including city or town			
				_COUNTY.	
		IDUAL AUTHORIZING REMOVAL, T			
AUTHORIZATION	HEREBY AUTHORIZE THE REMOVAL, TRANSPORTATION AND FINAL DISPOSITION OF THE REMAINS OF THE ABOVE-NAMED DECEDENT (OR IDENTIFIED FETUS) PURSUANT TO MY AUTHORITY UNDER 50-15-405 M.C.A. I CERTIFY THAT I AM: THE CORONER HAVING JURISDICTION A MORTICIAN LICENSED UNDER 37-19-302, M.C.A. THE PHYSICIAN IN ATTENDANCE AT DEATH OF THE PHYSICIAN'S DESIGNEE				
RIZ,	algnature	es.	Montana licens	e a (If any)	
THO	same (typed or printed)	name of agency or fire	rm represented (if appl	licebie)	
5	atitres.	city		state zip	
A	If authorization is by person other than a mortician licensed under 37-19-362, M.C.A. name and address of mortuary/person in charge of disposition and filing of death certificate under 56-15-463, M.C.A.				
	name (typed or printed)	firm (if applicable)			
	address	34		atate zip	
NO	Cremetion Authorization:				
E	CEME	COPORET'S SIGNATURE TERY OR CREMATORY AUTHORIT	date signe	sd .	
SC	· · · · · · · · · · · · · · · · · · ·	The state of the s			
DISPOSITION	date of disposition cemeter	bry or crematory name	Douried Co	Cremated	
	city of disposition county	state	sexton or person in ch	narge	