

BURIAL-TRANSIT PERMIT

County

Name of Deceased		Date of Death (month, day, year)	
Place of Death (Name of Institution or Street Address)		City	County
Name and Address of Attending Physician			
Destination (Name and Address)			
Name and Address of Funeral Home or Person Acting as such within G.S. 130A-113			
A Notification of Death having been filed, permission is hereby granted to remove the body from this state.			Date Issued
Signature of Local Registrar, Deputy Registrar or Sub-Registrar		Address	

IMPORTANT INSTRUCTIONS ON BACK OF FORM.

DHHS 1184 (Revised 7/07)
Vital Records

Funeral Director's Copy – White

Local Registrar's Copy – Pink