

BURIAL/TRANSIT/CREMATION PERMIT

permit when used for purposes of cremation
 bear the signature of the Medical Investigator.
 ature must be secured prior to transporting the
 s to crematory facilities.

**CERTIFICATE OF STILLBIRTH
 PERMIT COPY**

1. PLACE OF STILLBIRTH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL) _____ OR TOWN _____		1. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE _____ b. CITY (If outside corporate limits, write RURAL) _____ OR TOWN _____	
c. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		4. STREET ADDRESS (If rural, give location) _____	
3. CHILD'S NAME (Type on print) _____			
4. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>			
5. IF TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>			
6. DATE OF STILLBIRTH (Month) (Day) (Year)		7. DATE OF _____ (Month) (Day) (Year)	

**AUTHORITY FOR BURIAL, TRANSPORTATION, CREMATION, OR REMOVAL
 (SEC 12-4-43, NMSA, 1953)**

NOT A CERTIFICATE

BURIAL-TRANSIT PERMIT

This permit, when properly completed and signed below by the subregistrar or a Medical Investigator, constitutes authority to transport, and/or inter the fetal or stillborn remains of the above named person if no cremation is planned, the Sexton or person in charge of final disposition shall sign below and return this permit to the state registrar, P.O. Box 2346, ERA 118, Santa Fe, NM 87503.

SIGNATURE OF SUBREGISTRAR/MEDICAL INVESTIGATOR: _____ DATE: _____
 SIGNATURE OF SEXTON: _____ DATE OF DISPOSITION: _____

CREMATION PERMIT

This is to certify that the Office of the Medical Investigator has reviewed the certificate of the above fetal or stillborn death and hereby authorizes cremation in accordance with regulations promulgated by the New Mexican Board of