



**Department of Health
& Human Services**

Office of Vital Records and Statistics

**Burial transit permit
Fetal remains**

Less than 20 weeks gestational age

This burial permit must accompany remains to final destination.

Local file number _____

Requirements

Registrar: This burial transit permit may only be issued upon receipt of written confirmation from the authorizing facility.

A burial transit permit is issued by the local registrar of the district where the health care facility that is in possession of the fetal remains is located. This permit is issued for fetal remains to be transported out of Utah for final disposition; or when disposition is made by a person other than a licensed funeral director or health care facility. All permits must be endorsed and recorded.

Funeral director or mortuary: For fetal remains occurring in Utah, no burial transit permit shall be required for final disposition of the remains if disposition occurs in Utah and is performed by a licensed funeral director or health care facility.

A burial transit permit issued under the law of another state which accompanies fetal remains brought into this state is authority for final disposition of the remains in Utah.

Sexton: A sexton or person in charge of any premises where interments are made may not inter or permit the interment of any fetal remains unless the interment is made by a licensed funeral director or by a person holding a burial transit permit.

Please provide the requested information in the form below so that DHHS Vital Records can process your request. The information you give us will only be used by DHHS to process your request, and if necessary, may also be accessed by contractors who are a part of the DHHS technical team. All fields are required unless they are marked as optional. We will not be able to process your request without the requested information. This data is part of the record series 7172.

Identifying information of remains

Date of event	County of event
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Name (not required)

Authorizing facility

Health care facility

Address

Dispositioner

Name of dispositioner

Mailing address

Registrar (office issuing permit)

Permission is hereby given to dispose of these remains.

Registrar signature	Date signed
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Office issuing the permit

Mailing address: PO Box 141012 • SLC, UT 84114-1012 • **Physical address:** 288 N 1460 W, SLC
801-538-6105 • Fax 801-538-7012 • vrequest@utah.gov • vitalrecords.utah.gov • UDOH-OVRS-201a 2026