Exhibit 3 – Permit for Transit or Cremation

State of Nebraska
Department of Health and Human Services
VITAL RECORDS

Permit for Transit or Cremation

APPLICATION FOR PERMIT

This permit, when completely filled out and bearing the required signature, constitutes authority for transit or cremation of the deceased named below, in accordance with Section 71-605 R.R.S. of Nebraska.

Name of Decedent_____

Date of Death_____ Place of Death_____

Sex_____ Age_____ Date of Birth_____

Name and Address of Funeral Directing Establishment_____

Type of Disposition: Transit_____ Cremation_____

Place of Disposition_____
(City and State) (Crematory)

AUTHORIZATION

I HAVE EXAMINED THE COMPLETED CERTIFICATE OF DEATH FOR THE DECEDENT NAMED ABOVE AND AUTHORIZE CREMATION OF THE REMAINS. (TO BE SIGNED BY THE COUNTY ATTORNEY OF THE COUNTY IN WHICH THE DEATH OCCURRED **OR** HIS/HER DESIGNATED REPRESENTATIVE PURSUANT TO SECTION 71-605 (Paragraph 4) R.R.S. of NEBRASKA.)

_____ _____
(Signature and Title) (Date)

DISPOSITION

Items below are to be completed by the funeral director in cases of transit and by the crematory official if remains are to be cremated. Method of Disposition:

☐ Cremation _____ _____
(Signature of crematory representative) (Date)

☐ Transit _____ _____
(Signature of funeral director) (Date)

Distribution of copies:
For cremation - original retained by crematory; copy to County Attorney
For transit - original accompanies body; copy to be retained by Funeral Director