

State of Idaho
AUTHORIZATION FOR FINAL DISPOSITION-TRANSIT PERMIT

STILLBORN	1. NAME OF STILLBORN (First, Middle, Last, Suffix)	2. TIME OF DELIVERY <small>(24hr)</small>	3. SEX	4. DATE OF DELIVERY (Mo/Day/Yr)
	5. FACILITY NAME (If not facility, give street and number)	6. CITY, TOWN, OR LOCATION OF DELIVERY	7. COUNTY OF DELIVERY	
MOTHER	8a. MOTHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			
FATHER	10a. FATHER'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			
CERTIFIER'S AUTHORIZATION FOR DISPOSAL	11a. CERTIFIER OF EVENT (Check only one, based on official capacity for this certificate) <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <small>To the best of my knowledge, the event occurred at the time, date, and place, and due to the <i>natural</i> cause(s) / manner stated.</small>		11c. CERTIFIER'S LICENSE NUMBER	
	Certifier's Signature ► _____		11d. DATE SIGNED ____/____/____ <small>MM DD YYYY</small>	
	11b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)		11e. DELIVERY ATTENDANT'S NAME AND TITLE NAME _____ TITLE <input type="checkbox"/> LM <input type="checkbox"/> CM <input type="checkbox"/> Other (Specify) _____	
CORONER	12a. TO BE COMPLETED BY CORONER ONLY (STILLBIRTH ONLY): IF NOT ATTENDED BY PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE OR IF FROM EXTERNAL CAUSES, CORONER'S SIGNATURE REQUIRED <small>On the basis of examination and/or investigation, in my opinion, stillbirth occurred at the time, date, and place, and due to the cause(s) and manner stated.</small>			
	Coroner's Signature ► _____ <small>Name (Type or print)</small>		12b. DATE SIGNED ____/____/____ <small>MM DD YYYY</small>	
DISPOSITION	13. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Hospital disposition <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____	14. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		15. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY
	16a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ► _____		16b. LICENSE NUMBER (of licensee)	

CORONER'S AUTHORIZATION FOR CREMATION	AUTHORIZATION FOR FINAL DISPOSITION - TRANSIT PERMIT	
	<p>1. For all cases except cremation, out-of-state transport, or coroner's case, only the mortician's signature is necessary for final disposition.</p> <p>2. If the stillborn fetus is to be transported out-of-state, is a coroner's case (stillbirth only), or is to be cremated (also see #3), the stillbirth/miscarriage certificate and this authorization must be signed by the person responsible for certifying to the cause of stillbirth.</p> <p>3. If the stillborn fetus is to be cremated, the coroner must give additional authorization on the Final Disposition form only. If the hospital cremates the stillborn fetus, the coroner need not give additional authorization.</p>	
	CORONER'S AUTHORIZATION FOR CREMATION Signature ► _____	DATE SIGNED ____/____/____ <small>MM DD YYYY</small>
MORTICIAN'S RESPONSIBILITY	DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal (out-of-state transport) <input type="checkbox"/> Entombment <input type="checkbox"/> Scientific Use <input type="checkbox"/> Other _____ <p style="text-align: center;">I have obtained the signatures required in §39-268, Idaho Code, for Authorization for Final Disposition.</p>	
	► _____ Mortician or person acting as mortician (Signature)	► _____ Person receiving the remains if transferred out-of-state (Signature)