

**Ministry of Health and Social Development**  
**Government of the Virgin Islands**



***FORM TO REQUEST BURIAL IN A CEMETERY, BURIAL AT SEA,  
TO IMPORT HUMAN REMAINS (CORPSE) INTO THE BRITISH VIRGIN ISLANDS,  
TO EXPORT HUMAN REMAINS OUT OF THE BRITISH VIRGIN ISLANDS,  
OR TO ERECT A TOMB OR UNDERGROUND VAULT***

**NOTE:** *Before submitting this form, please ensure that the following are available:*

- a) The death certificate (showing the cause of death, date of death, date of birth and age)
- b) A permit to bury from the Registrar's Office,
- c) Cremation certificate (where applicable)
- d) Registration section, block and parcel numbers of property (private cemeteries)

**(A) PERSON MAKING THE REQUEST *(Please Print)***

1. Date: \_\_\_\_\_
2. Name of person(s) making request: \_\_\_\_\_
3. Relation to the deceased: \_\_\_\_\_
4. Mailing address: \_\_\_\_\_
5. Telephone number (s): \_\_\_\_\_
6. Next of Kin: \_\_\_\_\_

**(B) THE DECEASED**

1. Name of deceased: \_\_\_\_\_
2. Date of birth: \_\_\_\_\_
3. Country of birth: \_\_\_\_\_
4. Date of death: \_\_\_\_\_
5. Country of death: \_\_\_\_\_
6. Name of Funeral Home(s) making arrangements: \_\_\_\_\_
7. Telephone number(s) of Funeral Home(s): \_\_\_\_\_
8. Date of burial: \_\_\_\_\_
9. Burial place where body was interred/will be interred: \_\_\_\_\_
10. Registration Section \_\_\_\_\_ Block \_\_\_\_\_  Parcel/Part of Parcel \_\_\_\_\_

**(C) SPECIFIC REQUEST(S) (Please tick the appropriate box)**

- 1. Importation of the deceased into the Territory for burial.....
- 2. Exportation of the deceased outside of the Territory.....
- 3. Importation of calcined remains (ashes) outside into the Territory.....
- 4. Burial of the deceased in a cemetery in the Territory.....
- 5. Scattering of remains (ashes) some five miles south of Norman Island or Peter Island....
- 6. Burial of the deceased at sea in a special air tight bag, properly affixed to the inside frame of a metal casket.....
- 7. Construction of a tomb over the grave of a deceased.....
- 8. Erection of an underground vault .....

**(D) OTHER INFORMATION**

- 1. Name of Minister/Person(s) performing burial: \_\_\_\_\_
- 2. Religious Affiliation (Church): \_\_\_\_\_
- 3. Address and title of person(s) at No. D(1): \_\_\_\_\_
- 4. Means of transportation from overseas territory or to overseas territory: Sea ( ) Air ( )
- 5. Name of Vessel or Airline: \_\_\_\_\_
- 6. Port of entry: \_\_\_\_\_
- 7. Date and Time of Arrival: \_\_\_\_\_
- 8. Port of embarkment: \_\_\_\_\_
- 9. Date and Time of Departure: \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**Cause of Death:** \_\_\_\_\_

**All is in order:** Yes ( ) No ( )

**Outstanding requirement:** \_\_\_\_\_

**Status of permission:** Granted ( ) Denied ( )

**Follow-up statements:** \_\_\_\_\_

**Burial Fees Receipt No.:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
Permanent Secretary

\_\_\_\_\_  
Date