

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: _____ Relation: _____

(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. Country:_____
- 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. Name: _____
- 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

All is in order: Yes () No ()

Outstanding requirement: _____

Status of permission: Granted () Denied ()

Follow-up statements: _____

Burial Fees Receipt No.: _____

Signature: _____

Permanent Secretary

Date