

VITAL STATISTICS SECTION

**DEATH DISINTERMENT PERMIT –
TxEVER HOW TO GUIDE**



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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Introduction

This How-To Guide walks funeral homes through processing an online disinterment permit for death certificates released to the state.

A death certificate is a permanent legal record of an individual's death and is extremely important to the family of the deceased person. The information recorded on the death certificate is used to apply for insurance benefits, to settle pension claims, and to transfer title of real and personal property. Information recorded on a death certificate provides evidence of the fact of death and can be produced as evidence in a court of law.

How-To Steps

1. Log in to TxEVER (<https://txever.dshs.texas.gov/TxEverUI/Welcome.htm>)



WARNING: THIS IS A TEXAS HEALTH AND HUMAN SERVICES INFORMATION RESOURCES SYSTEM THAT CONTAINS STATE AND/OR U.S. GOVERNMENT INFORMATION. BY USING THIS SYSTEM YOU ACKNOWLEDGE AND AGREE THAT YOU HAVE NO RIGHT OF PRIVACY IN CONNECTION WITH YOUR USE OF THE SYSTEM OR YOUR ACCESS TO THE INFORMATION CONTAINED WITHIN IT. BY ACCESSING AND USING THIS SYSTEM YOU ARE CONSENTING TO THE MONITORING OF YOUR USE OF THE SYSTEM, AND TO SECURITY ASSESSMENT AND AUDITING ACTIVITIES THAT MAY BE USED FOR LAW ENFORCEMENT OR OTHER LEGALLY PERMISSIBLE PURPOSES. ANY UNAUTHORIZED USE OR ACCESS, OR ANY UNAUTHORIZED ATTEMPTS TO USE OR ACCESS, THIS SYSTEM MAY SUBJECT YOU TO DISCIPLINARY ACTION, SANCTIONS, CIVIL PENALTIES, OR CRIMINAL PROSECUTION TO THE EXTENT PERMITTED UNDER APPLICABLE LAW.

Are you in agreement with above stated terms & conditions?

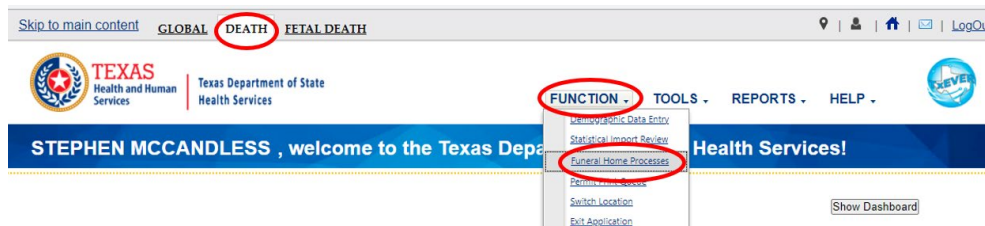
LOGIN

User Name:

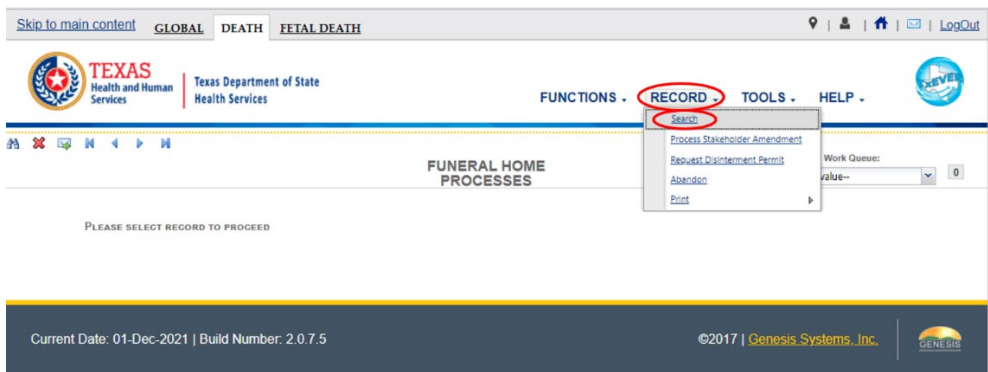
Password:

[Forgot Password?](#)

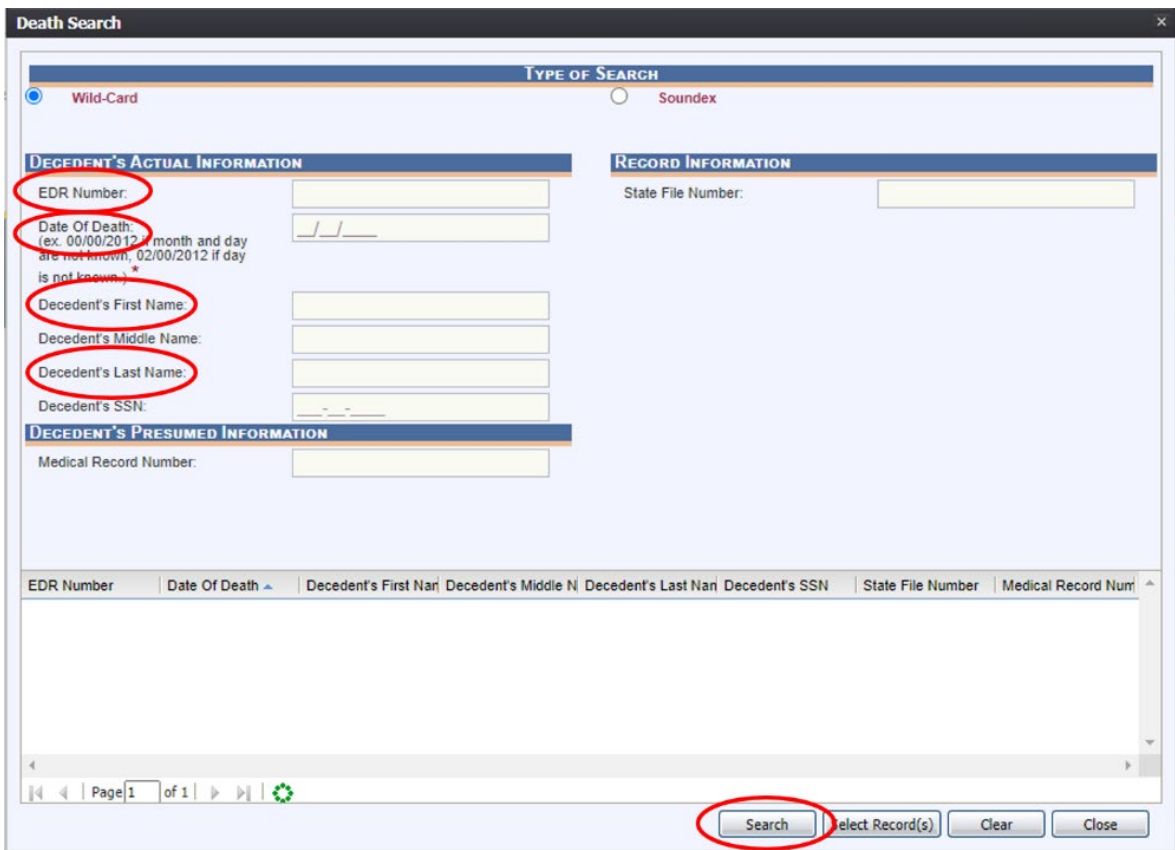
2. Select Death at the top, click on Function, and then Funeral Home Processes



3. Search for the record by clicking Record and then Search



4. Enter the EDR number or name and date of death of the decedent, click Search



Note: If you cannot locate the record electronically in TxEVER, you will have to complete the disinterment through the manual process.

5. Click on the record and then press Select Record

EDR Number	Date Of Death	Decedent's First Name	Decedent's Middle Name	Decedent's Last Name	Decedent's SSN	State File Number	Medical Record Number
00000000000304	06/10/2018	LITTLE	JIMMY	JOHN	445-15-8821	0002832018	

6. Click on Record Number and then Request Disinterment Permit

FUNCTIONS - RECORD - TOOLS - HELP -

Request Disinterment Permit

7. Click on the wrench icon next to the field(s) requiring edits and make corrections.

DISINTERMENT PERMIT REQUEST

EDR: 00000000000302 Registrant Name: JOHN KING TORRANCE Date of Death: 2018/06/05 SFN: 0002802018

Verification of Death Facts has been signed

Method: BURIAL (Specify):

Section Number: 123
Lot Number: 7
Block Number: 456
Space Number: 99

8. Make corrections and enter comments as appropriate; select Confirm Changes after each section being updated.

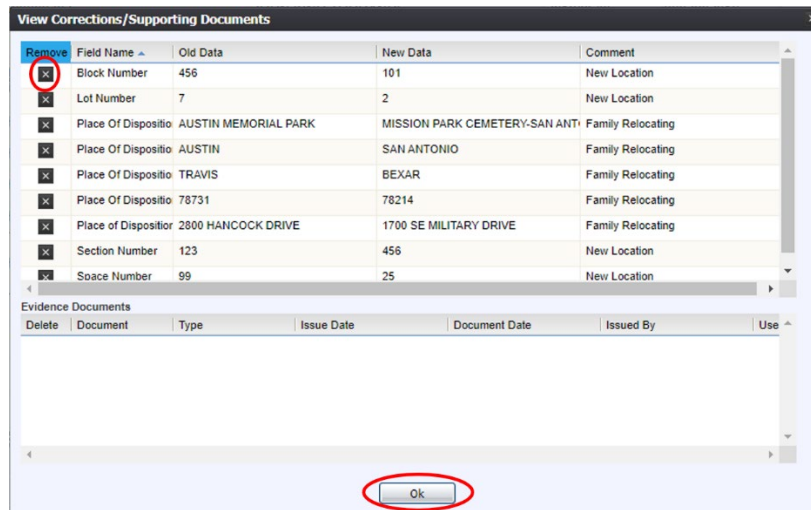
The screenshot shows a web form titled "PLACE OF DISPOSITION". On the left, there is a sidebar with sections for Demographic (1-5), Medical (1-3), and Comments. The main form area has two sections, both titled "PLACE OF DISPOSITION". The top section shows fields for "Place of Disposition Type" (CEMETERY), "Place of Disposition (Specify)" (AUSTIN MEMORIAL PARK), "State/Country" (TEXAS), "City/Town" (AUSTIN), "Zip" (78731), and "Date Of Disposition" (06/12/2018). The bottom section shows "Place of Disposition" (MISSION PARK CEMETERY-SAN ANTONIO), "Street Address" (1700 SE MILITARY DRIVE), "County" (BEXAR), "City/Town" (SAN ANTONIO), "Zip" (78214), and "Date Of Disposition" (06/12/2018). A "Comments" field contains the text "Family Relocating". Below this is a "Supplemental Documents" section with fields for "Document Type", "Who Issued", "Issue Date", and "Date Of Document". At the bottom right, there is a "Confirm Changes" button.

Note: Do not enter anything in the Supplemental Documents section; this is for State use only

- Click on Process and View Corrections/Supporting Documents to see a list of changes

The screenshot shows the Texas Department of State Health Services website. The main heading is "DISINTERMENT PERMIT REQUEST". Below this, there are fields for "EDR:" (00000000000302), "Registrant Name:" (JOHN KING TORRANCE), "Date of Death:" (2018/06/05), and "SFN:" (0002802018). On the right side, there is a "PROCESS" button and a dropdown menu with the option "View Corrections/Supporting Documents" circled in red. Below the main heading, there is a section titled "VERIFICATION OF DEATH FACTS HAS BEEN SIGNED" with a checked checkbox. Below that is a section titled "METHOD OF DISPOSITION" with a "Method:" field containing "BURIAL".

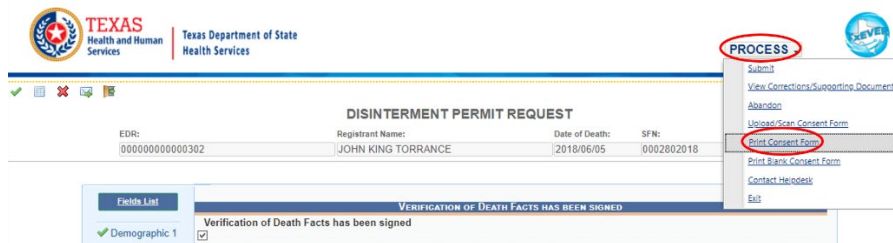
Click the X next to any change you wish to discard if needed



If you want to cancel the disinterment, select Process and then Abandon



10. You can print the consent form by clicking on Process and then Print Consent Form.



CEMETERY CONSENT FORM

I (We) hereby give our consent for the disinterment and removal of
JOHN KING TORRANCE who is buried in **123 / 456**
(Name of Deceased) (Plot & Block)
 Our records indicate that the plot owner(s) is/are **AUSTIN MEMORIAL PARK**

Signature Date

Title
AUSTIN MEMORIAL PARK
Name of Cemetery

PLOT OWNER CONSENT FORM

I (We) hereby certify that we are the owner(s) of record _____
(Plot)
 in _____ either by purchase or inheritance and we hereby
 give our permission of the disinterment of _____ who is buried
 in that plot.

Signature of Owner Date


Address

Phone Number

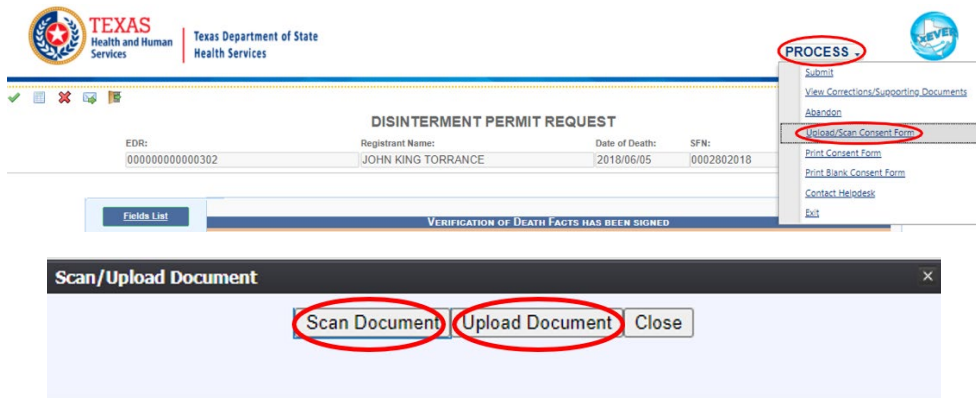
NEXT-OF-KIN CONSENT FORM

I hereby certify that I am the _____ of **JOHN KING TORRANCE**
(Relationship) (Name of Deceased)
 There are no other living relatives that precede me in the degree of kindred; and I give my
 permission for the body to be disinterred and moved to _____
(Name of Cemetery Where Body is to be Interred)

Signature Date

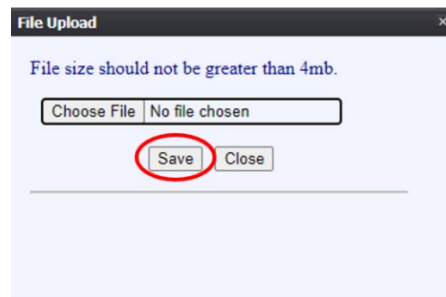
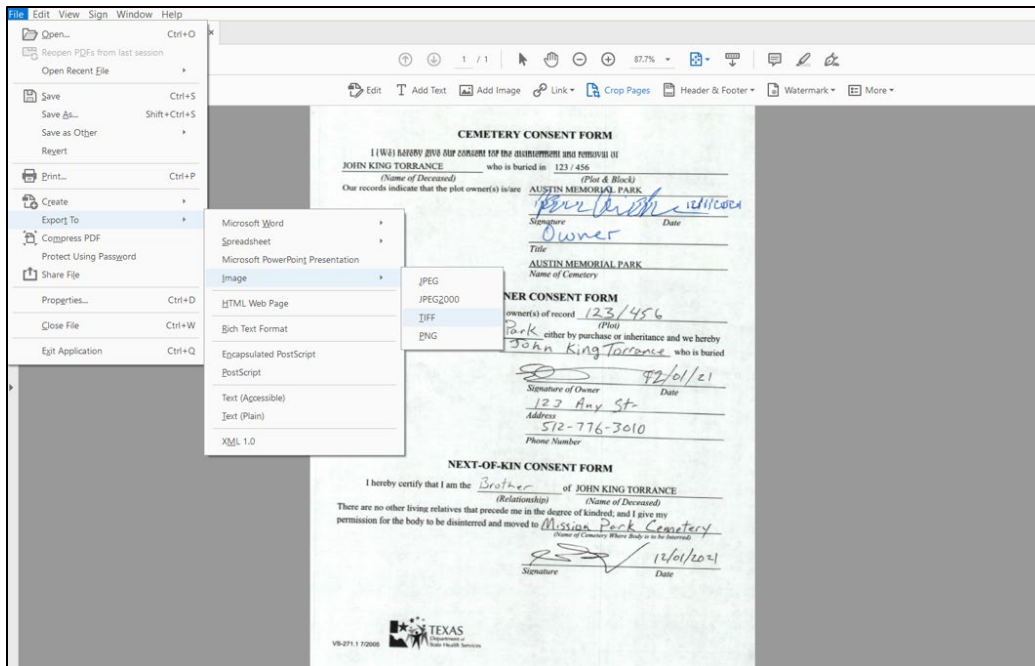

 VS-271.1 7/2005

- Upload the signed consent form: click on Process and then Upload/Scan Consent Form

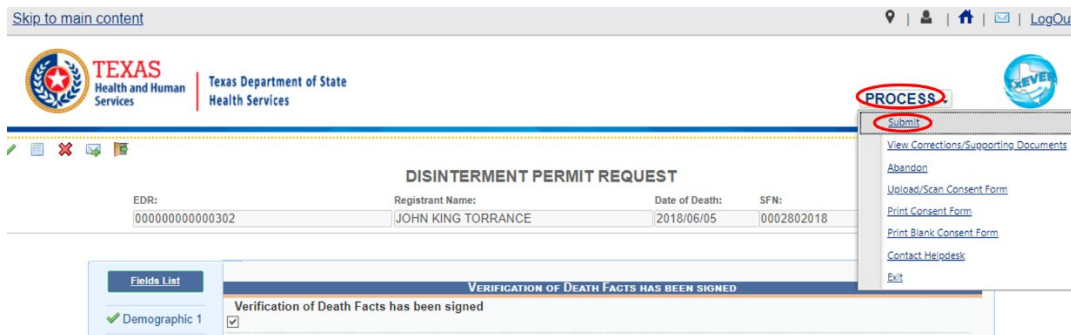


The screenshot shows the Texas Department of State Health Services website interface. At the top, the Texas Department of State Health Services logo and name are visible. The main content area displays a 'DISINTERMENT PERMIT REQUEST' form with fields for EDR (000000000000302), Registrant Name (JOHN KING TORRANCE), Date of Death (2018/06/05), and SFN (0002802018). A 'Fields List' button is present. A 'PROCESS' dropdown menu is open on the right, with 'Upload/Scan Consent Form' highlighted. Below the form, a 'Scan/Upload Document' dialog box is open, showing 'Scan Document', 'Upload Document', and 'Close' buttons, with the first two circled in red.

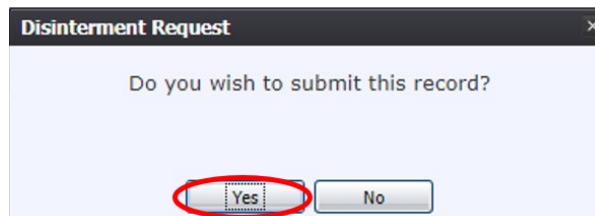
After scanning a document, open it as a PDF. Click on File, Export To, Image, and then TIFF to convert it to a TIFF file.



12. When you are ready to submit, select Process and Submit



13. Click Yes if you want to submit the changes



14. Enter your PIN, click the box affirming the changes, and click Ok

Enter PIN

As a basis for this application, I state that I will, in the disinterment of this body, abide by and obey the State Statutes of Texas, local ordinances, and regulations of the cities and counties in which disinterment and reinterment are to take place. I further state that, to my knowledge, there is no legal impediment to the disinterment and I have enclosed the required permission of all parties involved.

Pin:

Disinterment Request

Disinterment Permit will be submitted once payment is done.

15. The payment screen will open as a new browser window; fill out the payment information. After filling out the top section, click “Save Amendment Request Detail”

TEXAS
Health and Human Services | Texas Department of State Health Services

MAKE PAYMENT

Record Details
Decedent ID: 302 Decedent Name: JOHN KING TORRANCE
Funeral Home: AUSTIN FUNERAL HOME Funeral Director: FUNERAL DIRECTORRC

Please do not refresh this page.

Requestor Details (highlighted fields are mandatory)
Requestor Type: FUNERAL HOME
First Name: Middle Name:
Last/Organization Name: AUSTIN FUNERAL HOME Suffix: --Select a value--
Address1: 6000 BURNET ROAD Address2:
State/Country: TEXAS City/Town: AUSTIN
Zip: 78754 Zip Ext:

Mailing Address Details (highlighted fields are mandatory for mailing address if any)
 Mailing address same as requestor
First Name: Middle Name:
Last/Organization Name: AUSTIN FUNERAL HOME Suffix: --Select a value--
Address1: 6000 BURNET ROAD Address2:
State/Country: TEXAS City/Town: AUSTIN
Zip: 78754 Zip Ext:
Cost: \$ 25.00
Total: \$ 25.00

Click the box next to “Please add death certificates” and enter how many copies you want to order if applicable. Select how you want the copies mailed (USPS First Class Mail, USPS Express Mail, Expedited Delivery) and click Add/Update Certificate Order.

Save Amendment Request Detail Clear

Please Add Death Certificate

Death Certificate Order Details *(highlighted fields are mandatory to order certificate)*

Shipping Address Details

Shipping address same as requestor

Shipping Method: **USPS FIRST CLASS MAIL**

First Name: Middle Name:

Last/Organization Name: AUSTIN FUNERAL HOME Suffix: --Select a value--

Address1: 6000 BURNET ROAD Address2:

State/Country: TEXAS City/Town: AUSTIN

Zip: 78754 Zip Ext:

Certificate Details

Type Of Certificate: **DEATH LEGAL SIZE**

No Of Copies: **5** Cost: \$ 32.00

Shipping Fee: \$ 0.00

Total: \$ 32.00

To remove death certificate order please use "Delete" option in grid below

Add/Update Certificate Order Clear

Confirm the number of copies you want to order and click Ok.

Amendment Order [X]

Are you sure you want to order **5 copies** of Death Certificate?

Yes No

Amendment Order [X]

Certificate order saved successfully.

OK

Click Pay Now

Current Order Details

Select	Delete	Description	Price(\$)	Quantity	Shipping	Item Cost(\$)	Shipping First Name	Shipping Middle Name	Shipping Last Name
<input type="checkbox"/>	<input type="checkbox"/>	DISINTERMENT REQUEST	25	1	0	25			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEATH CERTIFICATE ORDE	32	5	0	32			AUSTIN FUNERAL HOME

Transaction Details

DSHS Price : \$ 57.00

Shipping Fee : \$ 0.00

Texas.gov Price* : \$ 58.53

** This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.*

PAY NOW Cancel

Please note: Texas.gov adds a courtesy fee automatically and is included in your total.

NOTE: IF YOU DO NOT PROCESS A PAYMENT WHEN THE WINDOW OPENS, THE CHANGES WILL NOT BE SAVED; THE AMENDMENT WILL NEED TO BE RESTARTED

- Submit the payment. A confirmation email will be sent to the email address indicated on the order.

Payment

Payment Type ✓

Credit/Debit Card

Customer Information Complete all required fields [*]

Country *
United States

First Name *
Last Name *

Address *

Address 2

City *
State *
Select State

ZIP/Postal Code *

Phone Number *

Email * 🔗

Next >

Transaction Summary

TxEVER-Vital Statistics	\$58.53
Texas.gov Price 🔗	\$58.53

Need Help?
Please complete the Customer Information Section

Customer Information Complete all required fields [*]

Country *
United States

First Name *
Stephen ✓

Last Name *
McCandless ✓

Address *
123 My Street ✓

Address 2 ✓

City *
Austin ✓

State *
TX - Texas ✓

ZIP/Postal Code *
78756 ✓

Phone Number *
512-776-3010 ✓

Email * 🔗
stephen.mccandless@dshs.texas.gov ✓

Next >

NiC

Customer Information ✓

Address
Stephen McCandless
123 My Street
Austin, TX 78756

Phone Number
512-776-3010

Country
United States

Email Address
stephen.mccandless@dshs.texas.gov

Payment Information

Credit Card Number * [redacted] ✓

Credit Card Type [VISA] [DISCOVER] [MasterCard]

Expiration Month * 11 - November ✓

Expiration Year * 2022 ✓

Security Code * 123

Name on Credit Card * Stephen McCandless ✓

Next >

Cancel

Transaction Summary

TxEVER-Vital Statistics	\$58.53
Texas.gov Price	\$58.53

Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.

NiC

Payment

Payment Type ✓

Credit/Debit Card

Customer Information ✓

Address
Stephen McCandless
123 My Street
Austin, TX 78756

Phone Number
512-776-3010

Country
United States

Email Address
stephen.mccandless@dshs.texas.gov

Payment Information ✓

Credit Card
Visa ****6781
Exp. 11/2022

Name on Credit Card
Stephen McCandless

Verification

I'm not a robot

hCAPTCHA

Cancel

Submit Payment

Transaction Summary

TxEVER-Vital Statistics	\$58.53
Texas.gov Price	\$58.53

Need Help?

Review payment information. You may edit Billing and Payment Method here if needed. When complete, select Make Payment. You will receive a printable receipt at the end of your successful payment transaction.



Please wait

Your payment is being processed.

Please do not close your tab or window, and please do not use your browser's Back button.

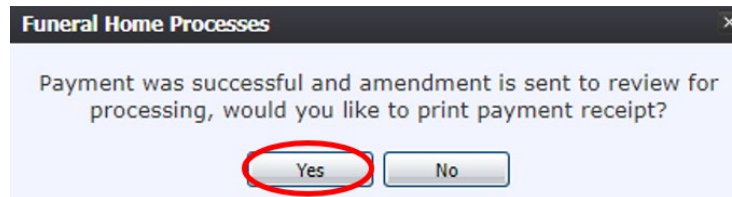


Note: Within the confirmation, while there will be two duplicate transaction amounts, the credit card was only charged once.

Transaction Summary

Description	Amount
Department of State Health Services Vital Statistics Payment	\$58.53
Texas.gov Price	\$58.53

- Print the PDF version of the receipt offered by TxEVER. This contains the remit number starting with an X so your order can be found if customer service is needed later.



Order Receipt

Thank you. Please quote this Remit Number for any queries in future related to this transaction.

Transaction Details

Remit Number	X000265
Payment ID	61
Transaction Date	12/1/2021 10:48:39 AM
Decedent First Name	JOHN
Decedent Last Name	TORRANCE
DSHS Price (\$)	57.00
Shipping Fee (\$)	0.00
Texas.gov Price * (\$)	58.53
Requestor First Name	
Requestor Middle Name	
Requestor Last Name	AUSTIN FUNERAL HOME
Order Number	62174816
Status	Success

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

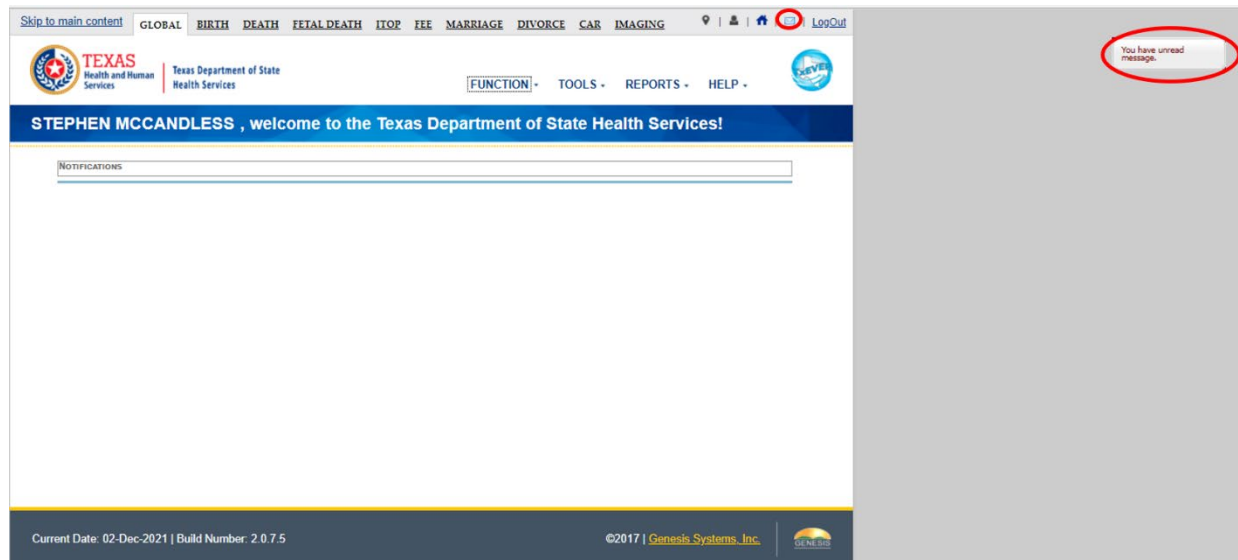
The receipt PDF can be accessed and printed during another TxEVER session by following steps 1-6, clicking Record, Print, and then Death Order Receipt.

Description	Set By	Set On	Comment
DISINTERMENT REQUEST IN PROGRESS	SMCCANDLESS	12/1/2021 10:44:02 AM	SET BY SYSTEM
DISINTERMENT REQUEST PENDING	SMCCANDLESS	12/1/2021 10:44:02 AM	SET BY SYSTEM

Conclusion

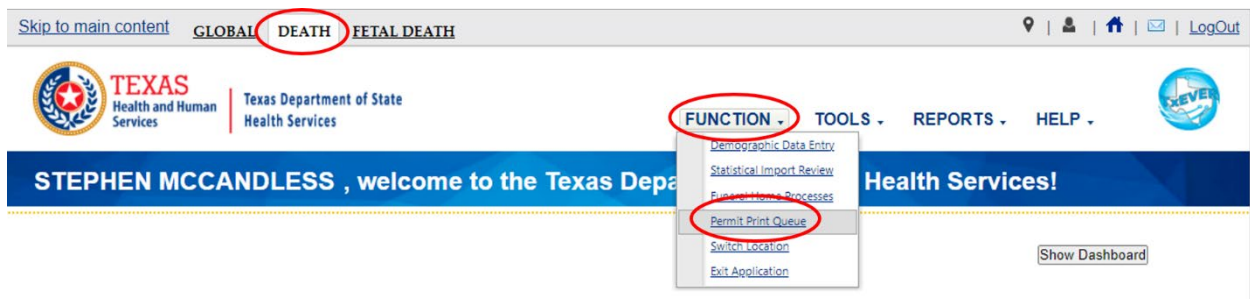
Once submitted, the amendment is not immediately available. It will be entered into a State Review Queue. The disposition information on the death certificate will be amended once the disinterment permit is approved.

If the disinterment permit is rejected, it will be sent to the State Rejection Queue. You will receive a message through TxEVER advising you of the reason for the rejection. The notification will only pop up for a few seconds. You can access your messages by clicking the envelope next to the LogOut link.



If the disinterment permit is accepted, you can print the disinterment permit directly from TxEVER.

Log in, click on Death, Functions, and then Permit Print Queue.



Change the Permit Filter to Disinterment Permit

FUNERAL HOME PERMIT PRINT QUEUE

Permit Filter:

Request Status:

All previously not printed.

All previously printed.

SFN Year: *

SFN From:

SFN To:

The status should be Accepted

FUNERAL HOME PERMIT PRINT QUEUE

Permit Filter:

Request Status:

All previously not printed.

All previously printed.

SFN Year: *

SFN From:

SFN To:

All Previously Not Printed should be marked; Click submit.

FUNERAL HOME PERMIT PRINT QUEUE

Permit Filter:

Request Status:

All previously not printed.

All previously printed.

SFN Year: *

SFN From:

SFN To:

Once the permit is displayed click on it, and then click Print.



FUNERAL HOME PERMIT PRINT QUEUE

Permit Filter:

Request Status:

All previously not printed.

All previously printed.

SFN Year: *

SFN From:

SFN To:

Submit

State File Number	State File Date	Local File Number	Local File Date	Funeral Home Name	Decedent Name	Date Of Death	Status
0000062021	11/24/2021	01000001	11/24/2021	AUSTIN FUNERAL HOME	TORRANCE, JOHN	06/05/2018	ACCEPTED

Request Status: ACCEPTED

Decedent's Name: TORRANCE, JOHN

Sex: MALE

Place Of Death: 1620 RUTLAND DR AUSTIN TRAVIS TX 78758

Funeral Director Name: FUNERAL DIRECTORRC

Notes:

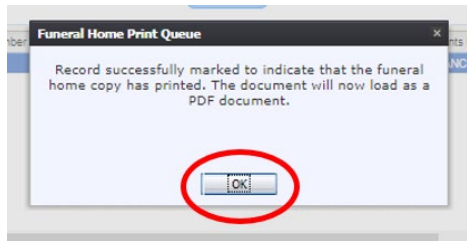
Date Of Death: 06/05/2018

Method Of Disposition: BURIAL

Name Of Cemetery/Crematorium: MISSION PARK CEMETERY-SAN ANTONIO


Funeral Home Name: AUSTIN FUNERAL HOME

Print Clear



DISINTERMENT PERMIT

DEPARTMENT OF STATE HEALTH SERVICES TEXAS VITAL STATISTICS

<small>PART I. INFORMATION RELATING TO THE DECEASED</small>	
<small>FULL NAME OF DECEASED</small> JOHN KING TORRANCE	<small>DATE OF DEATH</small> JUNE 5, 2018
<small>PLACE OF DEATH</small> AUSTIN TRAVIS TEXAS	<small>STATE FILE NUMBER</small> 0002802018
<small>NAME OF CEMETERY</small> MISSION PARK CEMETERY-SAN ANTONIO	
<small>CITY</small> SAN ANTONIO	<small>COUNTY</small> BEXAR
<small>PART II. INFORMATION RELATING TO PERSON IN CHARGE OF DISINTERMENT</small>	
<small>NAME OF FUNERAL DIRECTOR</small> FUNERAL DIRECTORRC	<small>LICENSE NUMBER</small> 12586
<small>NAME AND ADDRESS OF FUNERAL HOME</small> AUSTIN FUNERAL HOME 6000 BURNET ROAD AUSTIN TEXAS 78754	
<small>PART III. AUTHORIZATION</small>	
<small>PERMISSION IS GRANTED TO MOVE THE BODY FROM THE PRESENT PLACE OF BURIAL TO</small> <small>MISSION PARK CEMETERY-SAN ANTONIO</small> <small>Section: 456 Block: 101 Lot: 2 Space: 25</small> <small>SAN ANTONIO, TEXAS</small>	
<small>DATE:</small>	 <small>SIGNATURE OF STATE REGISTRAR</small>
<small>NOTE: No separate burial-transit permit is required unless the body is being shipped by common carrier or is being moved across state lines.</small>	

VS-2219 REV. 10/97 The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Health & Safety Code, §195.003, 1995)

CEMETERY CONSENT FORM

I (We) hereby give our consent for the disinterment and removal of JOHN KING TORRANCE who is buried in 123 / 456
(Name of Deceased) (Plot & Block)

Our records indicate that the plot owner(s) is/are AUSTIN MEMORIAL PARK
(Name of Cemetery)

[Signature] 12/1/2021
Signature Date

Owner
Title

AUSTIN MEMORIAL PARK
Name of Cemetery

PLOT OWNER CONSENT FORM

I (We) hereby certify that we are the owner(s) of record 123 / 456
(Plot)

in Austin Memorial Park either by purchase or inheritance and we hereby
 give our permission of the disinterment of John King Torrance who is buried
 in that plot.

[Signature] 12/01/21
Signature of Owner Date

123 Any St-
Address

512-776-3010
Phone Number

NEXT-OF-KIN CONSENT FORM

I hereby certify that I am the Brother of JOHN KING TORRANCE
(Relationship) (Name of Deceased)

There are no other living relatives that precede me in the degree of kindred, and I give my
 permission for the body to be disinterred and moved to Mission Park Cemetery
(Name of Cemetery Where Body is to be Interred)

[Signature] 12/01/2021
Signature Date

It's recommended to check daily for approvals and rejections.

