

**Washington State Burial – Transit Permit**

Legal Name (Include AKA's if any) First Middle LAST Suffix				Death Date
Nikki DeAnn Christenson				Nov. 01, 1979
Sex (M/F)	Age – Last Birthday	Under 1 Year Months Days	Under 1 Day Hours Minutes	County of Death
F	0		0	Grays Harbor
Birthdate	Birthplace (City, Town, or County)		(State or Foreign Country)	
Nov. 01, 1979	Aberdeen		WA	



Place of Death, if Death Occurred in a Hospital:		Place of Death, if Death Occurred Somewhere Other than a Hospital:	
Facility Name (If not a facility, give number & street or location)		City, Town, or Location of Death	State Zip Code
		Aberdeen	WA 98520
Method of Disposition	Place of Final Disposition (Name of cemetery, crematory, other place)		Location-City/Town, and State
Burial	** Aberdeen Cemetary Association (Fern Hill)		Aberdeen, WA
Name and Complete Address of Funeral Facility			Date of Disposition
Whiteside Funeral Home - Aberdeen, WA 98520			Nov., 4, 1979
Funeral Director Signature X		**Remains are being moved to St. John's Cemetary Wishkah, WA to take place June 07, 2012	

**This Burial Permit Must Accompany Remains to Destination**

A Certificate of Death having been Filed as Required by the Laws of the State of Washington,  
Permission is Hereby given to Dispose of the Body as Stated Above.

Registrar Address	Grays Harbor County Public Health and Social Services 2109 Sumner Avenue Aberdeen, WA 98520-3699		Date Signed (MM/DD/YYYY)
Registrar Signature X	<i>J. B. ...</i> Health Officer		MAY 30 2012

**Cemetery of Crematory Fill in Below**

This Permit must be endorsed by the Sexton where interment is made, or by the Funeral Director where there is no Sexton.

Body was	(Buried or Cremated)	on	(MM/DD/YYYY)	in	(Cemetery or Crematory)
Place	Signature X				

Return within 10 days to the Registrar of the District in which the death occurred.

**Out – of – State Destination of Cremated Remains**

Name of Cemetery or Facility
City/Town, and State

Part 1 completed by Funeral Director

Registrar

Sexton

Optional