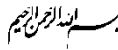


IBH - 005

DB




**International Border Health**  
Health Protection Agency  
Ministry of Health, Republic of Maldives

## APPLICATION FOR IMPORT AND EXPORT HUMAN REMAINS

This Form Must be Filled in **BLOCK LETTERS**
 **IMPORT**       **EXPORT**

NAME OF APPLICANT:

APPLICANT ADDRESS:

CONTACT NO:

E-MAIL ADDRESS:

### DETAILS OF THE HUMAN REMAINS TO BE IMPORTED OR EXPORTED

NAME OF THE BODY:

PASSPORT NUMBER / N.I.D No:

DATE OF BIRTH:

NATIONALITY:

CAUSE OF DEATH:

PLACE OF DEATH:

CERTIFIER OF DEATH:

DATE AND TIME OF DEATH:

ESTIMATED ARRIVAL / DEPARTURE DATE:

Reason for transporting the above mentioned Human Remains / Dead Body?

Is death directly / indirectly cause due to communicable disease (Suspected case)? *(that needs to be quarantined as per WHO's quarantinable disease list)*. If Yes, give full details:

### Declaration:

I hereby declare that the particulars and answers to the questions given in this form are true and correct to the best of my knowledge and belief.

Name of the Applicant: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_ (DD/MM/YYYY)

Signature &amp; Stamp: \_\_\_\_\_

**Note:** \*Submit this form with a copy of Death Certificate and Passport Copy of the dead body to be transport.  
\*\*Human remains should be handled in accordance with the Communicable Disease Control Act if the death was caused by a Communicable Disease.

### FOR OFFICIAL USE ONLY

DB Certificate number:

Received date:

Assessing Health Officer:

Signature:

#### List of documents presented:

- Death Certificate Copy  
 Passport / Travel Document Copy  
 National I.D Copy  
 Police Report (only for Postmortem)  
 Permit Letter to Import Human Remains / Dead Body