

APPLICATION FOR DIS-INTERMENT

State of Ohio:

County of \_\_\_\_\_, ss:

The undersigned, \_\_\_\_\_, being first duly cautioned and sworn, states as follows:

1. That \_\_\_\_\_ is the designated representative or surviving spouse of \_\_\_\_\_ ("Decedent");
2. That Decedent's remains are buried at \_\_\_\_\_ of \_\_\_\_\_;  
(Cemetery)
3. That I am of Eighteen years of age or older and of sound mind;
4. That the Decedent died of the disease commonly known as \_\_\_\_\_;
5. That I hereby request and direct the \_\_\_\_\_ of \_\_\_\_\_ Cemetery to dis-inter the remains of Decedent and deliver them to \_\_\_\_\_;
6. That I will pay the reasonable costs and expenses of such dis-interment; and
7. That the decedent's remains will be re-interred at \_\_\_\_\_. Further, affiant sayeth naught.

Signed and acknowledged in the presence of:

\_\_\_\_\_  
(Affiant's Signature)

\_\_\_\_\_  
( Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

Sworn to before me, a Notary Public in and for said County and State, by \_\_\_\_\_, in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)