

PROBATE COURT OF _____ COUNTY, OHIO
_____, **JUDGE**

DISINTERMENT OF: _____, **DECEASED**
CASE NO. _____

APPLICATION FOR ORDER TO DISINTER REMAINS

[R.C. 517.24, 517.25, 2108.70 et seq]

The Applicant states that this Application is made to disinter the remains of the above-named Decedent by Court Order. The Decedent's remains are currently located in _____ cemetery, _____ County.

Applicant further states that the following information is true:

1. Applicant is an interested person of sound mind who is at least eighteen years old.
2. Applicant did or did not assume/have financial responsibility for the funeral and burial expenses of the decedent.
3. Applicant's relationship to Decedent is _____.
4. The remains will be re-interred at _____

Name and Address)

5. Attached is Form 1.0 listing all persons who would have been entitled to inherit from the Decedent under R.C. Chapter 2105, if the Decedent had a Will, all legatees and devisees named in that Will, and if applicable, the person who has been assigned the rights of disposition for the deceased person under R.C. 2108.70 to 2108.90.

6. Notice of this Application and Hearing on the Application shall be given by certified mail return receipt requested to Decedent's surviving spouse, to all persons entitled to inherit if Decedent died without a Will, to all legatees and devisees named in Decedent's Will, and to the cemetery in which the Decedent's remains are interred in accordance with R.C. Section 517.24 unless waived. If notice is not given to any person specified above, Applicant shall file an affidavit specifying which persons were not given notice and the reason for not giving notice to those persons (See R.C. 517.24(2)(d)).

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7. Attached to this application are any written waivers waiving the right to receive the notice stated above.

8. Applicant states that the disinterment is not against Decedent's religious beliefs.

9. Decedent's cause of death was _____.

10. The Decedent did not die of a contagious or infectious disease, or if so, a permit has been issued by the appropriate Board of Health, attached.

11. To the best of Applicant's knowledge, the Decedent

Had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C.2108.70 et seq.

Had executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 et seq. and a true and correct copy is attached.

The written Declaration of Assignment of Right of Disposition is not available to Applicant.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration No.

Email address

Email address

Sworn to and subscribed in my presence this _____ day of 20_____.

Notary Public