

PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

DISINTERMENT OF _____, DECEASED

CASE NO. _____

APPLICATION FOR ORDER TO DISINTER REMAINS

[R.C. 517.24 and 517.25]

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 reinterred 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, and if the Decedent had a Will, all legatees and devisees named in that Will.
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.
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 _____.

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- 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. Decedent had had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 *et seq.*

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No. _____

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Your Signature