

PROBATE COURT OF MONTGOMERY COUNTY, OHIO

IN THE MATTER OF

CASE NO. _____

THE DISINTERMENT OF

**APPLICATION FOR
DISINTERMENT**

Now comes the undersigned applicant and, pursuant to Chapter 517 of the Revised Code, requests an order from this court to disinter the remains of the decedent and to reinter the remains of the decedent.

In making this application the Applicant swears that the following statements are true:

1. The Applicant is of sound mind and over the age of eighteen.
2. The decedent's full name is: _____
3. The relationship between the Applicant and the decedent is as follows:

4. The following person was responsible for the original costs of the funeral and burial expenses of the decedent:

5. The remains of the decedent are located at: _____

6. The remains of the decedent will be reinterred at: _____

7. Attached to this applicant is a Form 1.0 listing all persons who would have been entitled to inherit from the decedent under Section 2105.06 of the Revised Code or under the terms of the decedent's Last Will and Testament.

Disinterment of _____ Case No. _____

8. The decedent is buried (alone/in a grave site with another person). If the decedent is buried in a grave site with another person the decedent is buried in a grave site with: _____

9. The Applicant states that the decedent (did or did not) die of a contagious or infectious disease. If the decedent did die of a contagious or infectious disease a permit to disinter the decedent's remains has been issued by the Board of Health and is attached hereto.
10. The Applicant has attached waivers of notice of hearing on this application from all persons required to be notified of the hearing on this application under Chapter 517 of the Revised Code or the Applicant will cause notice of hearing on this application to be served upon all persons required to be notified under Chapter 517 of the Revised Code. If any required person has not been notified, the Applicant shall submit an affidavit specifying the reasons why any such persons have not been served with notice of hearing on this application.
11. A certified copy of the decedent's death certificate is attached to this application.

Attorney

Applicant's Signature

Attorney's Address

Printed/Typed Name

City State Zip Code

Address

Telephone

City State Zip Code

Attorney's Supreme Court Number

Telephone

Disinterment of _____ Case No. _____

State of _____)

County of _____)

Before me a notary public in and for said county and state, personally appeared _____ who executed the foregoing Application for Disinterment before me on the _____ day of _____, 20____.

Notary Public

(Seal)

My Commission expires: _____