

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)

