

PROBATE COURT OF ALLEN COUNTY, OHIO
TODD E. KOHLRIESER, JUDGE

DISINTERMENT OF _____, DECEASED

CASE NO. _____

APPLICATION FOR DISINTERMENT OF REMAINS

[R.C. 517.23, 517.24, 517.25. and 2108.82]

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, Ohio.

Applicant further states that the following information is true:

1. Applicant is of sound mind and is at least eighteen years old.
2. To the best of the Applicant's knowledge, the Decedent [] did or [] did not sign a written declaration of assignment pursuant to section 2108.70 of the Revised Code.
3. If the Decedent did leave a written declaration of assignment, that a [] true and correct copy of the assignment is attached to this application or [] such declaration of assignment is not available to the Applicant.
4. Applicant [] is or [] is not the designated representative to whom the Decedent assigned the right of disposition of the Decedent's body in a written declaration pursuant to section 2108.70 of the Revised Code and exercised such right at the time of the Declarant's death. The name, address, and relationship of the designated representative to whom the Decedent assigned the right of disposition (if any) is _____

5. If the Decedent did leave a written declaration of assignment and the Applicant is not the designated representative, to the best of the Applicant's knowledge, the designated representative did not exercise the right of disposition.
6. Applicant [] is or [] is not the Decedent's surviving spouse.
7. Applicant [] did or [] did not assume/have financial responsibility for the funeral and burial expenses of the Decedent.
8. Applicant's relationship to the Decedent is _____.
9. If the Applicant is not the Decedent's surviving spouse, the surviving spouse's name is: _____.

The Decedent's surviving spouse is [] living [] deceased. If living, the surviving spouse's address is:

10. The remains will be reinterred at (Location name and Address) _____
_____.

11. 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.

12. The Applicant shall promptly give notice of this Application and Hearing on the Application by certified mail, return receipt requested, to all of the following:

- a. Decedent's surviving spouse;
- b. the person who has been assigned the rights of disposition for the Decedent under the provisions of sections 2108.70 to 2108.90 of the Revised Code;
- c. if the Decedent died intestate, to all persons who would have been entitled to inherit from the Decedent under Chapter 2105 of the Revised Code;
- d. if the Decedent had a Will, to all legatees and devisees named in the Decedent's Will; and
- e. the board of township trustees, the trustees or directors of a cemetery association, or the other officers having control and management of the cemetery in which the Decedent's remains are interred, or to the officer of a municipal corporation who has control and management of a municipal cemetery in which the Decedent's remains are interred.

13. Attached to this Application are any written waivers waiving the right to receive notice as stated above.

14. The Decedent's cause of death was _____

15. Attached is a certified copy of the Decedent's death certificate.

16. 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.

17. Applicant states the following reasons for disinterment of the Decedent's remains [check all that apply]:

_____ The new place of burial will be more convenient for family members who wish to pay respects.

_____ The reinternment is in accordance with the religious beliefs of the Decedent

_____ There has been a change of circumstances with regard to the cemetery where the Deceased is currently buried.

_____ The family members of the Decedent have changed residence.

_____ Other [please state]: _____

Attorney for Applicant

Applicant's Signature

Typed or Printed Name

Typed or Printed Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Telephone Number (include area code)

Telephone Number (include area code)

Email Address

Email Address

Attorney's Registration No.

Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this _____ day of

_____, 20 ____.

Notary Public/Deputy Clerk