

PROBATE COURT OF SUMMIT COUNTY, OHIO

IN RE:

CASE NO. _____

Decedent

APPLICATION FOR DISINTERMENT
(R.C. 517.24)

Now comes Applicant Name _____
 Address _____
 Telephone (_____) _____

and applies to this Court for an Order to allow _____
to be disinterred. Applicant states that:

1. He/she is a person who is eighteen (18) years of age, or older, and is of sound mind.
2. He/she _____ **did** assume financial responsibility for the funeral and burial expenses of the decedent.
_____ **did not** assume financial responsibility for the funeral and burial expenses of the decedent.
3. He/she is the *(state the relationship)* _____ of the decedent.
4. The decedent died on _____ .
REQUIRED: You must provide a Certified copy of Death Certificate.
5. The decedent is currently interred at:

Name of Cemetery _____
Address of Cemetery _____
Section _____ *Lot* _____ *Grave No.* _____

and will be reinterred at:

Name of Cemetery _____
Address of Cemetery _____
Section _____ *Lot* _____ *Grave No.* _____

6. The names, relationships, and addresses of **decedent's** surviving spouse and all other persons entitled to inherit from decedent under R.C. 2105 if the decedent died intestate, and if the decedent had a Will, of all legatees and devisees named in Decedent's Will, and who are entitled to notice of this application, are as follows:

Surviving Spouse: _____
 _____:
 _____:
 _____:

(If you need more lines for additional persons, please use a separate sheet of paper and attach it to this Application.)

[NOTE: If **ALL** persons listed above waive their right to receive notice of the filing of this Application for Disinterment, by filing a written waiver in this Court, it will not be necessary to send Certified Mail notice to them. If, however, **ANY** party does not waive their right, you **MUST** give them notice by Certified Mail, return receipt requested.]

7. Decedent died _____ intestate (without a Last Will and Testament).
 _____ testate (with a Last Will and Testament).
8. Decedent died as a result of _____
 _____.
9. Reason Disinterment is requested: _____

 _____.

WHEREFORE, Applicant prays that this Application for Disinterment of _____ be granted.

Applicant

AFFIDAVIT OF APPLICANT

The statements, facts, and allegations in the foregoing Application for Disinterment are true as I verily believe.

Date _____

Applicant

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

Notary Public

PROBATE COURT OF SUMMIT COUNTY, OHIO

IN RE:

CASE NO. _____

WAIVER

Decedent

I am a person who is entitled to receive notice of the filing of the above-captioned *Application for Disinterment*, pursuant to R.C. 517.24(B)(2)(a), and by signing this Waiver, I hereby waive the right to receive such notice.

Name _____

Address _____

Telephone (_____) _____

Date _____ X _____

Sworn to and subscribed in my presence by

_____ this _____ day of _____.

Notary Public

PROBATE COURT OF SUMMIT COUNTY, OHIO

IN RE:

CASE NO. _____

ORDER ON DISINTERMENT

Decedent _____

This matter comes on to be heard by the Court, pursuant to R.C. 517.24(B)(3)(b), on the *Application for Disinterment* of _____, filed by _____, his/her _____.

The Court finds that all persons described in R.C. 517.24(B)(2)(a) have received a notice of the filing of the *Application for Disinterment*, or have waived the right to receive notice by filing a written waiver of that right, pursuant to R.C.517.24(B)(2)(b).

Based on the allegations contained in the *Application for Disinterment*, the Court finds good cause to grant said *Application*.

IT IS THEREFORE, ORDERED, ADJUDGED,

AND DECREED that the Applicant(s), _____, be permitted to have the cremains/remains of _____ disinterred from the:

Name of Cemetery _____

Address of Cemetery _____

Section _____ Lot _____ Grave No. _____

and reinterred at the:

Name of Cemetery _____

Address of Cemetery _____

Section _____ Lot _____ Grave No. _____

IT IS SO ORDERED.

BILL SPICER, JUDGE