

# PROBATE COURT OF ROSS COUNTY, OHIO

DISINTERMENT OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

## APPLICATION FOR ORDER TO DISINTER REMAINS

[R.C. 517.24 AND 517.25]

Applicant says that the decedent died on \_\_\_\_\_, and is buried in \_\_\_\_\_ Cemetery, Ross County, Ohio.

Applicant says that (s)he is eighteen years of age or older and of sound mind, and did [ ] or did not [ ] assume financial responsibility for the funeral of the decedent. The relationship of Applicant to the decedent is \_\_\_\_\_. Applicant says that disinterment would not be against the religious beliefs of the decedent.

Applicant asks to reinter remains in \_\_\_\_\_ Cemetery.

Applicant [ ] has secured [ ] will secure a permit [R.C. 517.23(B)] from the Board of Health (or other authorized agency) which shall state whether the decedent died of a contagious or infectious disease and whether disinterment is permissible.

Check whichever of the following are applicable:

- [ ] To applicant's knowledge, decedent did not leave a Will.
- [ ] Decedent's Will has been admitted to probate in this Court

Attached is a list of the surviving spouse, next of kin, legatees and devisees known to the applicant, which list includes those persons entitled to notice of the application for disinterment.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
( )  
Phone Number (include area code)

\_\_\_\_\_  
( )  
Phone Number (include area code)

Attorney Registration No. \_\_\_\_\_

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public