

**PROBATE COURT OF DELAWARE COUNTY, OHIO
DAVID A. HEJMANOWSKI, JUDGE**

DISINTERMENT OF _____, DECEASED

CASE NO. _____

**APPLICATION FOR ORDER TO DISINTER REMAINS
[R.C. 517.24 and 517.25]**

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 an interested person of sound mind who is at least eighteen years old
2. Applicant did did not assume/have financial responsibility for the funeral and burial expenses of the decedent.
3. Decedent had had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 et seq.
4. Applicant is is not the designated representative to whom the Decedent has assigned the right of disposition of the Decedent's body in a written declaration pursuant to section 2108.70 of the ORC.
5. Applicant is is not the surviving spouse of the Decedent.
The surviving spouse is _____
whose address is _____
6. Applicant's relationship to Decedent is _____
7. The Applicant is eighteen years of age or older and of sound mind.
8. The remains will be reinterred at _____

(Name and Address)
9. Standard Probate Form 1.0 Surviving Spouse, Children, Next of Kin, Legatees and Devisees is attached hereto and incorporated there in listing all persons who

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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.

10. Notice of this Application and Hearing on the Application shall be given by certified mail return receipt requested to Decedent's surviving spouse, to all persons entitled to inherit if Decedent died without a Will, to all legatees and devisees named in Decedent's Will, and to the cemetery in which the Decedent's remains are interred in accordance with R.C. Section 517.24 unless waived in writing.
11. Attached to this application are any written waivers waiving the right to receive the notice stated above.
12. Applicant states that the disinterment is not against Decedent's religious beliefs.
13. Decedent's cause of death was _____

The information above is true, complete, and accurate to the best of my knowledge. I understand that knowingly providing false information in this document may result in a contempt of court finding against me which could result in a jail sentence and fine, or criminal penalties under R.C. 2921.13.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Telephone Number (include area code)

Telephone Number (include area code)

Attorney Registration No. _____