PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

DISINTERMENT OF_____, DECEASED

CASE NO. _____

VERIFICATION OF REINTERMENT

The undersigned		
(Name ar	nd Title)	
of the	cemetery, states t	hat the remains of the
above-named Decedent were reinterred on the	day of	, 20,
pursuant to the Order of this Court.		

Signature

Typed or Printed Name

Cemetery

Address

Telephone (include area code)

FORM 25.4 – VERIFICATION OF REINTERMENT