# PROBATE COURT OF LAKE COUNTY, OHIO

# MARK J. BARTOLOTTA, 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.

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 or ☐ did not assume/have financial responsibility for the funeral and burial expenses of the decedent.

3. Applicant's relationship to Decedent is _____.

4. The remains will be reinterred at _____

   _____.
   (Name and Address)

5. 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.

6. 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.

7. Attached to this application are any written waivers waiving the right to receive the notice stated above.

8. Applicant states that the disinterment is not against Decedent's religious beliefs.

9. Decedent's cause of death was _____.

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10. 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.

11. Decedent ☐ had ☐ had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 *et seq*.

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|---|---|
| _____ | _____ |
| 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._____

Sworn to and subscribed in my presence this _____ day of _____,

_____.

_____
Notary Public