

APPLICATION TO DISINTER AND REMOVE HUMAN REMAINS

I, _____, being of full age and sound mind, and related to the decedent as _____, hereby make application to disinter and remove the human remains of _____ now lying in Crown Hill Cemetery, Orrville, Ohio, who died on _____ 20____, the cause of death being _____

_____.

The human remains shall be transported to _____ located at _____ for reinterment.

The applicant agrees to the following statements:

- 1. The applicant is the spouse of the decedent or the person financially responsibility for the funeral and burial expenses of the decedent.
- 2. The applicant is 18 years of age or older.

O A T H

I, _____, being first duly sworn, say that to the best of my knowledge the foregoing facts are true and correct.

Signature _____

Typed Name _____

Address _____

Date _____

The foregoing was subscribed and sworn to before me by the aforementioned applicant this _____ day of _____, 20____.

Notary Public