

PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF
THE DISINTERMENT OF _____, DECEASED

CASE NO. _____

APPLICATION FOR DISINTERMENT

[R.C. 517.24]

The undersigned applicant states that this Application is made under the authority of R.C. Chapter 517 to have the decedent's remains disinterred by Court Order. The remains of this decedent are located at _____ cemetery, within _____

County, Ohio. The applicant further states that the following information is true:

1. Applicant is an interested person, of sound mind and over the age of 18.
2. Applicant is related to decedent by being the decedent's _____.
3. The financial responsibility for the original funeral and burial expenses was assumed by _____.
4. The remains will be reinterred at _____.
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 will be given as required by R.C. Chapter 517 and applicant will file an affidavit specifying any persons who were not given notice and the reason for not giving notice.
7. Attached is a certified copy of the decedent's death certificate.
8. Applicant states that 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 hereto.
9. Applicant swears all statements are true and desires this Court to set this matter for hearing as soon as possible.

Applicant's Signature

Printed/Typed Name

Address

City

State

Zip Code

Telephone

Approved:

Attorney

Attorney's Supreme Court Number