

**PROBATE COURT OF WOOD COUNTY, OHIO
DAVID E. WOESSNER, JUDGE**

**IN THE MATER OF THE
DISINTERMENT OF: _____, DECEASED**

CASE NO. _____

**APPLICATION FOR DISINTERMENT
[R.C. §§ 517.23, 217.24]**

The Applicant states that this Application is made pursuant to Chapter 517 of the Ohio Revised Code, to have the remains of the above named decedent disinterred by Court order. The decedent's remains are currently located in Wood 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's relationship to decedent is _____.
3. Applicant did did not assume the financial responsibility for funeral/burial expenses. If so, please attach a copy of the paid funeral bill, etc.
4. Applicant states that the disinterment is not against the decedent's religious beliefs.
5. Decedent's remains will be re-interred at _____
cemetery in _____ County, State of _____.
6. Attached is a Form 1.0 listing the surviving spouse (if any) and all persons who would have been entitled to inherit from the decedent as next of kin under Revised Code chapter 2105, as well as their complete addresses; if the decedent had a Last Will, Form 1.0 must list the surviving spouse (if any) and all legatees and devisees named in the Will as well as their addresses.
7. Notice will be given to all persons listed on Form 1.0 by certified mail as required by Chapter 517. Notice will further be given to the board of township trustees, the trustees or directors of a cemetery association, or the other officers having control and management of the cemetery in which the remains of the decedent are interred or to the officer of the municipal cemetery or management of a municipal cemetery in which the decedent's remains are interred.

8. Applicant states the decedent did not die of a contagious disease, or if so, a permit by the Board of Health pursuant to R.C. §§ 517.23(B) is attached hereto.

9. Applicant swears that this information is true and asks that the matter be set for hearing before this Court.

Attorney for Applicant

Applicant

Typed of Printed Name

Typed of Printed Name

Address

Address

Phone Number

Phone Number

Ohio Supreme Court Number

Sworn to and subscribed in my presence this ____ day of _____
20 ____.

Notary Public