

PROBATE COURT OF MEDINA COUNTY, OHIO

DISINTERMENT OF _____, DECEASED

CASE NO. _____

APPLICATION FOR ORDER TO DISINTER REMAINS

[RC. 517.24 and 517.25]

Applicant says that the decedent died on _____ and is buried in _____ Cemetery, Medina County, Ohio.

Applicant says that (s)he is eighteen years of age or older and of sound mind, and did or did not assume financial responsibility for the funeral of the decedent. The relationship of the Applicant to the decedent is _____. Applicant says that disinterment would not be against the religious beliefs of the decedent.

Applicant asks to reinter remains in _____ Cemetery.

Applicant has secured will secure a permit [RC §517.23(B)] from the Board of Health (or other authorized agency) which shall state whether the decedent died of a contagious or infectious disease and whether disinterment is permissible.

Check whichever of the following is applicable:

- To applicant's knowledge, decedent did not leave a Will.
- Decedent's Will has been admitted to probate in this Court.

Attached is a list of the Surviving Spouse, Next of Kin Legatees and Devisees known to the applicant, which list includes those persons entitled to notice of the application for disinterment.

Attorney for applicant

Typed or Printed Name

Address

Phone Number (include area code)

Applicant

Typed or Printed Name

Address

Phone Number (include area code)

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

Notary Public

PROBATE COURT OF MEDINA COUNTY, OHIO

ESTATE OF _____, DECEASED

CASE NO. _____

**SURVIVING SPOUSE, CHILDREN, NEXT OF KIN,
LEGATEES AND DEVISEES**

[R.C. 2105.06, 2106.13 and 2107.19]

**[Use with those applications or filings requiring some or all of the
information in this form, for notice or other purposes. Update as required]**

The following are decedent’s known surviving spouse, children and the lineal descendants of deceased children. If none, the following are decedent’s next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship To Decedent	Birth Date of Minor
		Surviving Spouse	

[Check whichever of the following is applicable]

- The surviving spouse is the natural or adoptive parent of all the of decedent’s children.
- The surviving spouse is the natural or adoptive parent of at least one, but not all of decedent’s children.
- The surviving spouse is not the natural or adoptive parent of any of decedent’s children.
- There are minor children of the decedent who are not the children of the surviving spouse.
- There are minor children of the decedent and no surviving spouse.

PROBATE COURT OF MEDINA COUNTY, OHIO

DISINTERMENT OF _____, DECEASED

CASE NO. _____

ORDER TO DISINTER REMAINS

An application for Order to Disinter Remains came on for hearing on the _____ day of _____, 20_____.

The Court finds that all interested parties, whose names and addresses are known, have been given certified mail notice, return receipt requested, or have waived notice of hearing on the application.

The Court finds that the statements contained in the application are true and that no testimony was adduced to establish that disinterment would be against the decedent's religious beliefs

The Court further finds that a permit has been issued pursuant to R. C. §517.23(B) by the Board of Health or other authorized agency and that it has been filed herein.

It is the Order of the Court that:

1. Applicant be and is hereby authorized to disinter the remains of the decedent;
2. Applicant be and is hereby authorized to reinter the remains of the decedent at _____ Cemetery; and
3. Unless the gravestone or marker is relocated to the site of reinterment, Applicant shall Cause said grave stone or marker to remain at the site of original interment.
4. Applicant shall file a Verification of Reinterment within thirty (30) days that the remains of the Decedent have been reinterred.

KEVIN W. DUNN, JUDGE

PROBATE COURT OF MEDINA COUNTY, OHIO

DISINTERMENT OF _____, DECEASED

CASE NO. _____

VERIFICATION OF REINTERMENT

The undersigned, being a Director or other title (specify) _____
of the _____ Cemetery, states that the remains of _____,
Deceased, were reinterred on the _____ day of _____, 20_____,
pursuant to an order of the court.

Signature

Typed or Printed Name

Cemetery

Address

(_____) _____
Phone Number