

**PROBATE COURT OF LUCAS COUNTY, OHIO  
JACK R. PUFFENBERGER, JUDGE**

**IN THE MATTER OF THE  
DISINTERMENT OF: \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_**

**APPLICATION FOR DISINTERMENT**

[R.C. §§ 517.23, 517.24]

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 \_\_\_\_\_ 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 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. Applicant will file an **Affidavit of Service** indicating proper service. If applicable, Applicant will file an **Affidavit of Non-Notification** specifying any persons who were not given notice and the reasons for not giving notice.



8. Applicant states that 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 or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Ohio Supreme Court Number

Sworn to and subscribed in my presence this day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public