

Date of Disinterment \_\_\_\_\_  
Time \_\_\_\_\_

**APPLICATION TO DISINTER AND REMOVE DEAD BODY**

Health District \_\_\_\_\_

I, \_\_\_\_\_, being of full age and sound mind, and related to the decedent as \_\_\_\_\_, hereby make application to disinter and remove the remains of the decedent \_\_\_\_\_ now lying in Oak Grove Cemetery, located at 334 S. Sandusky Street, Delaware, Ohio who died on \_\_\_\_\_. The cause of death being \_\_\_\_\_.

The body/cremains is to be transported by \_\_\_\_\_ to \_\_\_\_\_ located at \_\_\_\_\_ for re-interment or re-entombment at \_\_\_\_\_.

I, \_\_\_\_\_, say that to the best of my knowledge the foregoing facts are true and correct.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**APPROVAL TO DISINTER**

Approval is hereby given to disinter the remains of the decedent named above.

Signature of City Official \_\_\_\_\_

Signature of Funeral Director \_\_\_\_\_

Health District \_\_\_\_\_

Date of Approval \_\_\_\_\_