

**PROBATE COURT OF GEAUGA COUNTY, OHIO**  
**TIMOTHY J. GRENDALL, JUDGE**

DISINTERMENT OF \_\_\_\_\_, DECEASED  
CASE NO. \_\_\_\_\_

**APPLICATION TO OPPOSE DISINTERMENT**  
[R.C. 517.23(E)]

The undersigned applicant states that this Application is made under the authority of R.C. Chapter 517 to oppose the disinterment of the Decedent's remains. The Decedent's remains are currently located in \_\_\_\_\_ cemetery, \_\_\_\_\_ County, Ohio.

Applicant further states that the following information is true:

1. Applicant is an interested person, of sound mind, and who is at least 18 years old.
2. Applicant's relationship to Decedent is \_\_\_\_\_
3. The Applicant  did assume financial responsibility for the funeral and burial expenses OR  did NOT assume financial responsibility for the funeral and burial expenses
4. 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.
5. Notice of this Application and hearing will be given as required by R.C. 517.23(E)(2), and Applicant will file an Affidavit specifying any persons who were not given notice and the reason for not giving notice.
6. The Applicant opposes the disinterment for the following reasons: (Attach statement if more space is needed)
  
7. Applicant understands that no disinterment shall be made if Decedent died of a contagious or infectious disease until a permit has been issued by the appropriate Board of Health.
8. Applicant swears all statements are true and desires this Court to set this matter for hearing as soon as possible.

\_\_\_\_\_  
Applicant's Signature

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

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

Approved: \_\_\_\_\_

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Attorney's Registration No.