

PROBATE COURT OF BUTLER COUNTY, OHIO
DISINTER REMAINS MISCELLANEOUS INSTRUCTIONS

***** PLEASE NOTE: ALL FORMS MUST BE TYPEWRITTEN *****

The Court has prepared forms for persons seeking to disinter remains of a decedent. The court costs are \$54.00. Please confirm the amount with the clerk since filing fees may have changed subsequent to the date of this instruction sheet.

At any time prior to the hearing, the Applicant must obtain a permit from the Board of Health (or other appropriate agency) authorizing the disinterment. At the present time, there is no State prescribed permit form, therefore an authorization letter will be sufficient. Said authorization letter shall specifically recite that it has been issued in compliance with R.C. 517.23(B) and that the decedent did not die of a contagious or infectious disease which would preclude disinterment.

In order to obtain this authorization letter, it will be necessary to ascertain whether the City of Hamilton Health Department or the Butler County Health Department is the appropriate agency. They may be contacted as follows:

Hamilton City Health Department
345 High Street 3rd Floor
Hamilton, OH 45011
(513)868-5978

Butler County Board of Health
301 South Third Street
Hamilton, OH 45011
(513)863-1770

Middletown City Health Department
One Donham Plaza
Middletown, OH 45042
(513)425-1818

PROBATE COURT OF BUTLER COUNTY, OHIO

DISINTERMENT OF _____, DECEASED

CASE NO. _____

APPLICATION FOR ORDER TO DISINTER REMAINS

[R.C. 517.24 AND 517.25]

Applicant says that the decedent died on _____, and is buried in _____ Cemetery, Butler 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 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 [R.C. 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 are 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

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Address

Phone Number (include area code)

Phone Number (include area code)

Attorney Registration No.

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

Notary Public

PROBATE COURT OF BUTLER COUNTY, OHIO

DISINTERMENT OF _____, DECEASED

CASE NO. _____

WAIVER OF NOTICE OF APPLICATION TO DISINTER REMAINS

[R.C. 517.24 and 517.25]

The undersigned, being persons entitled to notice of the disinterment of the decedent, waive such notice and consent to the disinterment and reburial of the decedent as stated in said application, and hereby acknowledge receipt of a copy of said application.

(Signature)

(Signature)

(Typed Name)

(Typed Name)

(Signature)

(Signature)

(Typed Name)

(Typed Name)

(Signature)

(Signature)

(Typed Name)

(Typed Name)

(Signature)

(Signature)

(Typed Name)

(Typed Name)

(Signature)

(Signature)

(Typed Name)

(Typed Name)

(Signature)

(Signature)

(Typed Name)

(Typed Name)

PROBATE COURT OF BUTLER COUNTY, OHIO

DISINTERMENT OF _____, DECEASED

CASE NO. _____

NOTICE OF HEARING TO DISINTER REMAINS

An application has been filed in this Court to disinter the remains of the decedent. The hearing on the application will be held on the _____ day of _____, _____ at _____ o'clock ____ .M. in this Court.

The Court is located at _____ Probate Court, Butler County Courthouse, 101 High Street, 2nd Floor, _____ Hamilton, OH 45011 .

Applicant

PROBATE COURT OF BUTLER COUNTY, OHIO

DISINTERMENT OF _____, DECEASED

CASE NO. _____

AFFIDAVIT OF NOTICE OF HEARING TO DISINTER REMAINS

The undersigned, applicant states that all persons interested in the application, as described by R.C 517.24(B)(2)(a), have been notified of the application to disinter remains by certified mail, return receipt requested; have waived notice of hearing to disinter remains; or their names or addresses are unknown to applicant and cannot with reasonable diligence be ascertained.

Applicant

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

Notary Public

PROBATE COURT OF BUTLER 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 _____, _____.

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 further 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 this 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 grave stone 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.

RANDY T. ROGERS, JUDGE

PROBATE COURT OF BUTLER 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 _____, _____, pursuant to an order of the Court.

Signature

Typed or Printed Name

Cemetery

Address

City, State, Zip

Phone Number