

## **FILING INSTRUCTIONS DISINTERMENT**

**Filing fees:        \$100.00**

**Please see the following instructions for completing an application for an order to disinter remains. You are strongly encouraged to obtain the services of an attorney to represent you. The deputy clerks cannot assist you with completing the forms.**

**1. Complete the following forms:**

- **Self-Representation Acknowledgment**
  - **Read, complete and sign this form if you choose to proceed without an attorney**
  
- **Application for Order to Disinter Remains (Form 25.00)**
  
- **Surviving Spouse, Next of Kin (Form 1.0)**
  - **List the surviving spouse, if there is one, and all next of kin (those people who were or would have been entitled to inherit if there were no will)**
  - **Be sure to specify complete addresses of all of those listed**
  
- **Entry Setting Hearing on Application to Disinter Remains (Form 25.1)**
  - **Fill in the name of the decedent only, the Court will fill in hearing date and time and sign and date the form when the hearing is scheduled**
  
- **Waiver of Notice of Hearing on Application to Disinter Remains (Form 25.5)**
- **Notice of Hearing to Disinter Remains (Form 25.2)**
  - **All parties who are listed on the Surviving Spouse and Next of Kin form (Form 1.0) are entitled to be notified of the hearing on the Application to Disinter Remains, at least seven (7) days prior to the Hearing to Disinter Remains**
  - **You must either obtain a waiver from each individual (Form 25.5) or perfect certified mail notice (Form 25.2) on each individual**
  - **You will have to obtain a waiver or provide notice to the board of township trustees, the trustees or directors of the cemetery association where the decedent is currently interred.**
  - **If certified mail notice is used, present notice (Form 25.2) with certified mail return (green card) taped to back of form, to the Court the day of the hearing**
  
- **Affidavit of Notice to Disinter Remains (Form 25.3)**
  - **Complete form and have notarized**

- **Order to Disinter Remains (Form 25.6)**
  - This form will be prepared by the Court
- 2. **Bring the completed forms to the Probate Court with a filing fee of \$100.00 paid in cash (must have correct change) or by debit/credit card. Your filings will be reviewed and set for a hearing that you will need to attend.**
- 3. **Attend the scheduled hearing. At the hearing you must present the Authorization Letter if it was not filed with your initial paperwork. You will also need to present any waivers or notices (with certified receipts attached) that were needed from the next of kin. The Judge will ask you questions regarding the application and determine whether to grant the disinterment.**
- 4. **If the Order is signed, you will be given signed, file-stamped and certified copies that you must deliver to the cemetery.**
- 5. **Filing Verification of Reinterment:**
  - **Verification of Reinterment (Form 25.4)**
    - This form must be completed by the funeral director of an employee of the cemetery and must be filed within 30 days of the date of the Order to Disinter Remains
    - The completed form must be presented to the Court for approval and filing

**PROBATE COURT OF PIKE COUNTY, OHIO**  
**Paul Price, Judge**

IN RE:

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CASE NO. \_\_\_\_\_

**SELF-REPRESENTATION ACKNOWLEDGMENT**  
**[Local Rule 75.1]**

I acknowledge that I have read, understand, and agree with all of the following statements:

1. The Court strongly recommended that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case on my own without the assistance of an attorney.
2. I have the time, knowledge, and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including without limitation determining what forms I am required to file and how to complete those forms.
4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information on the Court's website, [www.pikecountypjcourt.com](http://www.pikecountypjcourt.com).
5. I am responsible for understanding and correctly applying those portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Pike County Probate Court Local Rules of Practice, and all other rules, regulations, policies, and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar probate proceedings.
7. If I do not fulfill my responsibilities in this case properly and in a timely manner, I will be subject to the compliance policies outlined in the Pike County Probate Court Local Rules.
8. I have a duty to act fairly, honestly, impartially, and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
9. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
10. If I violate anything in this Self-Representation Acknowledgement, the Court may terminate my authority to proceed further with this case or may require that I must be represented by an attorney to continue with this case.

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
Email Address

PROBATE COURT OF \_\_\_\_\_ 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 Surviving Spouse	Birthdate of Minor

**[Check whichever of the following is applicable]**

- The surviving spouse is the natural or adoptive parent of all of the decedent's children.
- The surviving spouse is the natural or adoptive parent of at least one, but not all, of the decedent's children.
- The surviving spouse is not the natural or adoptive parent of any of the 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.

**CASE NO.** \_\_\_\_\_

The following are the vested beneficiaries named in the decedent's will:

Name	Residence Address	Birthdate of minor

**[Check whichever of the following is applicable]**

- The will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.
- The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant (or give other title)

\_\_\_\_\_

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

DISINTERMENT OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**APPLICATION FOR ORDER TO DISINTER REMAINS**

[R.C. 517.24 and 517.25]

The Applicant states that this Application is made to disinter the remains of the above named Decedent by Court Order. The Decedent's remains are currently located in \_\_\_\_\_ cemetery, \_\_\_\_\_ County.

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  did or  did not assume/have financial responsibility for the funeral and burial expenses of the decedent.
3. Applicant's relationship to Decedent is \_\_\_\_\_.
4. The remains will be reinterred at \_\_\_\_\_.

\_\_\_\_\_  
(Name and Address)

5. 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.
6. Notice of this Application and Hearing on the Application shall be given by certified mail return receipt requested to Decedent's surviving spouse, to all persons entitled to inherit if Decedent died without a Will, to all legatees and devisees named in Decedent's Will, and to the cemetery in which the Decedent's remains are interred in accordance with R.C. Section 517.24 unless waived.
7. Attached to this application are any written waivers waiving the right to receive the notice stated above.
8. Applicant states that the disinterment is not against Decedent's religious beliefs.
9. Decedent's cause of death was \_\_\_\_\_.

CASE NO. \_\_\_\_\_

- 10. The Decedent did not die of a contagious or infectious disease, or if so, a permit has been issued by the appropriate Board of Health, attached.
- 11. Decedent  had  had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 *et seq.*

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Attorney Registration No.

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

\_\_\_\_\_

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

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

DISINTERMENT OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**JUDGMENT ENTRY SETTING HEARING  
ON APPLICATION FOR DISINTERMENT**

The Application for Disinterment filed by \_\_\_\_\_ is  
hereby set for hearing on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at  
\_\_\_\_\_ o'clock \_\_\_\_\_ m., in this Court. The Court is located at \_\_\_\_\_  
\_\_\_\_\_.

The Court Orders that notice of hearing be given to the surviving spouse and next of kin and, if applicable, all legatees and devisees named in the decedent's Will, by the person requesting the hearing, and that proof of services be filed.

\_\_\_\_\_  
Judge



PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

DISINTERMENT OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

**NOTICE OF HEARING ON APPLICATION FOR DISINTERMENT**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An Application has been filed in this Court to disinter the remains of the Decedent. The Application is attached to this Notice. The hearing on the Application will be heard on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_ m., in this Court.

The Court is located at \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

DISINTERMENT OF \_\_\_\_\_, DECEASED

CASE NO. \_\_\_\_\_

### VERIFICATION OF REINTERMENT

The undersigned \_\_\_\_\_  
(Name and Title)  
of the \_\_\_\_\_ cemetery, states that the remains of the  
above-named Decedent were reinterred on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
pursuant to the Order of this Court.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Cemetery

\_\_\_\_\_  
Address

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

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

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 reinterment of the Decedent as stated in said application, and hereby acknowledge receipt of a copy of said application:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PROBATE COURT OF \_\_\_\_\_ COUNTY, OHIO

\_\_\_\_\_, JUDGE

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 notified according to law 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  has not been issued pursuant to R.C. 517.23(B) by the Board of Health (or other authorized agency) and that, if issued, has been filed herein.

It is the Order of this Court that:

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

\_\_\_\_\_  
Judge