

APPLICATION FOR DISINTERMENT-REINTERMENT

A. INDIVIDUAL TO BE DISINTERRED-REINTERRED:

Full Name _____
Date of Death _____ Place of Death _____
Age of Death _____ Sex _____ Ethnicity _____
Cause of Death _____
Father's Full Name _____
Mother's Full Maiden Name _____
Name and Location of Cemetery _____

Purpose for Request (Please be Specific) _____

B. UNDERTAKER/BUSINESS PERFORMING SERVICE:

Name _____
Address _____ Phone _____
Name and Location Where Remains Temporarily Placed (Be Specific)

Date of Disinterment Requested _____
(Note: All disinterment will be conducted between 9:00 am to 11:00 am.)
Date of Reinterment _____

C. APPLICANT:

Full Name _____
Relation to Deceased _____ Phone _____
Home Address _____
Mailing Address _____
Signature _____ Date _____

D. MULTIPLE BURIAL (Applicable only if disinterred-reinterred for multiple burial):

Full Name _____
Date of Death _____ Relation to Disinterred _____

DPHSS USE ONLY: Confirmed by Office of Vital Statistics

Name: _____ Date: _____