

**IN THE PROBATE COURT OF MAHONING COUNTY, OHIO  
JUDGE MARK BELINKY**

**IN THE MATTER OF THE DISINTERMENT OF: \_\_\_\_\_, DECEASED**

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

**APPLICATION TO DISINTER REMAINS OF A DECEDENT**

[R.C. 517.24]

I, \_\_\_\_\_, the \_\_\_\_\_, hereby make application  
(Describe relationship of applicant to the Decedent)  
for disinterment of the remains of the above named decedent now lying in \_\_\_\_\_  
\_\_\_\_\_ Cemetery, located at \_\_\_\_\_  
\_\_\_\_\_, who died on the \_\_\_\_\_ day of \_\_\_\_\_, (month), \_\_\_\_\_  
(year), to be reinterred at \_\_\_\_\_

The applicant represents to the Court that he/she is eighteen years of age or older and of sound mind; and that he/she  did/  did not assume responsibility for the funeral and burial expenses of the decedent. A certified copy of the Decedent's Death Certificate or other proof satisfactory to the Court is attached.

Upon my Oath, first given, I say that the foregoing facts are true and correct.

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Full Address (No P. O. Boxes)

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

\_\_\_\_\_  
Telephone (Include area code)

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

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

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Full Address (No P. O. Boxes)

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

\_\_\_\_\_  
Telephone (Include area code)

Dated: \_\_\_\_\_

Sworn to and subscribed before me a notary public on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public/Deputy Clerk