
Name of Deceased

Cemetery

Location

APPLICATION FOR DISINTERMENT

Date of Application _____ Phone _____

Name of Applicant _____ Relationship to Deceased _____

Date of Death _____ Place of Death _____

Cause of Death _____

Request is hereby made for the disinterment of the deceased from

Grave and Lot Number

Name of Cemetery

City or Township

and reburial

Grave and Lot Number

Name of Cemetery

City or Township

The body was placed in _____ on _____
Type of Casket and/or Vault Date

Signature of Next of Kin/Legal Representative

Funeral Home/Cemetery Responsible for Arrangements _____

The funeral home or cemetery designated as being responsible for arrangements is to ensure that Condition of Disinterment are met.

Please fax or email this completed form to the Environmental Health Department at 519-258-8672 or inspection@wechu.org.

If you have questions regarding this form, please call 519-258-2146 ext. 4475.