

519-258-2146 | wechu.org | 🖪 🖸 🖸 🙆

1005 Ouellette Avenue, Windsor, ON N9A 4J8 | 33 Princess Street, Leamington, ON N8H 5C5

Name of Deceased

Cemetery

Location

## CONDITIONS FOR DISINTERMENT

This application is subject to the following conditions being agreed to by the person requesting the disinterment.

- 1. No dead body shall be disinterred or removed from a lot without notification to the Medical Officer of Health.
- 2. The Health Unit must be notified immediately:
  - a) when the container and contents are in such a condition that it is or may become injurious or dangerous to the health.
  - b) where the condition of the container is such that it would become impractical to remove the container without disturbing its contents.
- 3. The applicant or agent acting on his/her behalf shall ensure that sufficient personnel and equipment shall be available at the cemetery to carry out the work.
- 4. The container must not be opened for viewing.
- 5. No relative will be allowed to touch the body.
- 6. It is recommended that only one representative of the family attend the disinterment.
- 7. Remains must always be treated with respect and removed from the grave in a careful manner.
- 8. Personnel involved in a disinterment shall be provided with protective clothing, masks and gloves where the casket is not protected by a seal. Suitable hand washing facilities with disinfectant must be available immediately after a disinterment has taken place.

Name of Applicant

being \_\_\_\_\_

Relationship to Deceased

of the deceased, and the person making this application for disinterment, have read and understood the above conditions and have agreed to abide by them.

of

Signed this day

Month

Year

Name of Deceased	Cemetery		Location
	APPLICATION FOR DISINTERMEN	т	
Date of Application	Phone	Phone	
Name of Applicant	Relationship to	Relationship to Deceased	
Date of Death	Place of Death	Place of Death	
Cause of Death			
Request is hereby made for the dis	interment 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
he body was placed in		on	
	Type of Casket and/or Vault		Date
Signature of Next of Kin	n/Legal Representative		
- uneral Home/Cemetery Responsil	ble for Arrangements		
The funeral home or cemetery desi Disinterment are met.	ignated as being responsible for arran	gements is to	o ensure that Conditio

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.