

**PROBATE COURT OF BUTLER COUNTY, OHIO**

**DISINTER REMAINS MISCELLANEOUS INSTRUCTIONS**

**\*\*\* PLEASE NOTE: ALL FORMS MUST BE TYPEWRITTEN \*\*\***

The Court has prepared forms for persons seeking to disinter remains of a decedent. The court costs are \$120.00. Please confirm the amount with the clerk since filing fees may have changed subsequent to the date of this instruction sheet.

At any time prior to the hearing, the Applicant must obtain a permit from the Board of Health (or other appropriate agency) authorizing the disinterment. At the present time, there is no State prescribed permit form; therefore an authorization letter will be sufficient. Said authorization letter shall specifically recite that it has been issued in compliance with R.C. 517.23(B) and that the decedent did not die of a contagious or infectious disease which would preclude disinterment.

In order to obtain this authorization letter, it will be necessary to ascertain whether the City of Hamilton Health Department or the Butler County Health Department is the appropriate agency. They may be contacted as follows:

Hamilton City Health Department  
345 High Street 3<sup>rd</sup> Floor  
Hamilton, OH 45011  
(513)868-5978

Middletown City Health Department  
One Donham Plaza  
Middletown, OH 45042  
(513)425-1818

Butler County Board of Health  
301 South Third Street  
Hamilton, OH 45011  
(513)863-1770

Please complete the following forms in their entirety and attach any necessary documentation:

- 25.0 Application for Order to Disinter Remains
  - 1.0 Next of Kin
- 25.1 Judgment Entry Setting Hearing on Application for Disinterment
- 25.2 Notice of Hearing on Disinterment
- 25.3 Affidavit of Service of Notice of Hearing on Disinterment
- 25.4 Verification of Disinterment
- 25.5 Waiver of Notice of Application to Disinter
- 25.6 Order to Disinter Remains

# PROBATE COURT OF BUTLER COUNTY, OHIO

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, Butler 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 BUTLER COUNTY, OHIO**

**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 BUTLER COUNTY, OHIO**

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 \_\_\_\_\_, in this Court. The Court is located at the:

**Butler County Courthouse, 101 High Street, Second Floor Hamilton, OH 45011.**

The Court Orders that notice of the 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 service be filed.

\_\_\_\_\_  
Probate Judge

**PROBATE COURT OF BUTLER COUNTY, OHIO**

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 \_\_\_\_\_, in this Court.

The Court is located at the:

**Butler County Courthouse, 101 High Street, Second Floor Hamilton, OH 45011.**

\_\_\_\_\_  
Applicant

**PROBATE COURT OF BUTLER COUNTY, OHIO**

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

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

**AFFIDAVIT OF SERVICE OF NOTICE OF HEARING ON  
APPLICATION FOR DISINTERMENT**

The undersigned Applicant states that all persons interested in the Application, as described by R.C. Section 517.24(B)(2)(a), have been notified according by law; or have waived notice of the hearing on the Application; or their names and addresses are unknown to Applicant and cannot with reasonable diligence be ascertained.

The following persons for the following reasons were not notified:

<u>Name</u>	<u>Reason</u>
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
Applicant

Sworn to and subscribed signed in my presence on \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

# PROBATE COURT OF BUTLER COUNTY, OHIO

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

# PROBATE COURT OF BUTLER COUNTY, OHIO

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

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

## VERIFICATION OF REINTERMENT

The undersigned \_\_\_\_\_  
of the \_\_\_\_\_ cemetery, states that the remains of the  
above-named decedent were reinterred on the \_\_\_\_\_ day of \_\_\_\_\_,  
pursuant to the Order of this Court.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Cemetery

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone