PROBATE COURT OF BUTLER COUNTY, OHIO

DISINTER REMAINS MISCELLANEOUS INSTRUCTIONS

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

The Court has standard forms for persons seeking to disinter remains of a decedent.

Any person, including the surviving spouse, who is eighteen years of age or older and of sound mind, may file an application in the Probate Court of the county in which the decedent is buried requesting the Court to issue an order for the disinterment of the remains of the decedent. 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.

The Probate Court may hold a hearing on the application and may issue an order for the disinterment of the decedent's remains if good cause for disinterment is shown. No disinterment shall be made under Ohio Law if the decedent died of a contagious or infectious disease, unless a permit has been issued by the board of health of a general health district or of a city health district.

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. In order to obtain this authorization letter, it will be necessary to ascertain whether the City of Hamilton Health Department, City of Middletown 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 3rd Floor
Hamilton, OH 45011
(513) 785-7080

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

A deposit of $125.00 is due at the time of filing. Please confirm the amount with the clerk since filing fees may have changed subsequent to the date of this instruction sheet.

Please complete the following forms in their entirety and attach any required 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
JOHN M. HOLCOMB, JUDGE

DISINTERMENT OF _____ DECEASED

CASE NO. _____

APPLICATION FOR ORDER TO DISINTER REMAINS

[R.C. 517.24; 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, and, if applicable, the person who has been assigned the rights of disposition for the deceased person under R.C. 2108.70 to 2108.90.
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. 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 _____.
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. To the best of Applicant's knowledge, the Decedent:

    ☐ Had not executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 *et seq.*

    ☐ Had executed a written Declaration of Assignment of Right of Disposition pursuant to R.C. 2108.70 *et seq.* and a true and correct copy is attached.

    ☐ The written Declaration of Assignment of Right of Disposition is not available to Applicant.

CASE NO. _____

Attorney for Applicant

_____
Typed or Printed Name

_____
Address

_____

_____
Telephone Number (include area code)

_____
Email Address

Applicant

_____
Typed or Printed Name

_____
Address

_____

_____
Telephone Number (include area code)

_____
Email Address

Attorney Registration No. _____

Sworn to and subscribed in my presence this _____ day of _____ _____

Notary Public

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

ESTATE OF _____, **DECEASED**

CASE NO. _____

SURVIVING SPOUSE, CHILDREN, NEXT OF KIN, LEGATEES AND DEVISEES
[R.C. 2105.06, 2106.13, 2107.19]

[Use with those applications or filings requiring some or all of the information in this form, for notice or other purpose. Update as required.]

The following are decedent's known surviving spouse, children, and the lineal descendants of deceased children. If none, the following are decedent's next of kin who are or would be entitled to inherit under the statutes of descent and distribution.

Name	Residence Address	Relationship to Decedent	Birthdate of Minor
		Surviving Spouse	

[Check whichever of the following is applicable]

☐ The surviving spouse is the natural or adoptive parent of all of the decedent's children.

☐ The surviving spouse is the natural or adoptive parent of at least one, but not all of the decedent's children.

☐ The surviving spouse is not the natural or adoptive parent of any of the decedent's children.

☐ There are minor children of the decedent who are not the children of the surviving spouse.

☐ There are minor children of the decedent and no surviving spouse.

CASE NO. _____

The following are the vested beneficiaries named in the decedent's will:

Name	Residence Address	Birthdate of minor

[Check whichever of the following is applicable]

☐ This will contains a charitable trust or a bequest or devise to a charitable trust, subject to R.C. 109.23 to 109.41.

☐ The will is not subject to R.C. 109.23 to 109.41 relating to charitable trusts.

_____ _____

Date Applicant (or give other title)

_____

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

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
JOHN M. HOLCOMB, JUDGE

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
JOHN M. HOLCOMB, JUDGE

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
JOHN M. HOLCOMB, JUDGE

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:

Name	Reason
_____	_____
_____	_____
_____	_____
_____	_____

_____
Applicant

Sworn to and subscribed signed in my presence on _____day of , _____

_____
Notary Public/Deputy Clerk

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

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 the original interment;
4. Applicant shall file a Verification of Reinterment within thirty (30) days stating that the remains of the decedent have been reinterred; and
5. The board of township trustees, the trustees or board of the cemetery association, or the other officers having control and management of the municipal cemetery shall have a period of at least thirty (30) days from receipt of the order to perform the ordered disinterment.

John M. Holcomb, Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO
JOHN M. HOLCOMB, JUDGE

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