
(If more lines are need to list additional persons, use a separate sheet of paper and attached to this application)

Note: *If all persons listed waive their right to receive notice of the filing of this application by filing a written waiver in this court, it will not be necessary to send notice to them by certified mail. If, however, any party does not waive their right, you must give notice by certified mail, return receipt requested.*

- 7. Decedent died intestate (without a Last Will and Testament)
 testate (with a Last Will and Testament); copy is attached
- 8. Decedent died as a result of _____
- 9. Reason disinterment is requested: _____

Wherefore, Applicant requests this Application for Disinterment be granted.

Attorney for Applicant	Applicant
<u>A full name</u> Typed or printed name	<u>(513) A tel</u> Phone Number
3456 A street Cincinnati, OH, 45678 Address	
Registration No. <u>A reg #454545</u>	

AFFIDAVIT OF APPLICANT

The statements, facts and allegations in the foregoing application are true to the best of my knowledge.

Date	Applicant
Sworn to and subscribed in my presence this _____ day of _____, _____.	
Notary Public	