

## DISINTERMENT REQUEST AND AFFIRMATION

**1. PARTIES:**

"Cemetery" means \_\_\_\_\_

"Representative" means \_\_\_\_\_

"Decedent" means \_\_\_\_\_

"Recipient" means \_\_\_\_\_

**2. RELATIONSHIP OF REPRESENTATIVE:** The Representative warrants and represents to the Cemetery that the relationship between the Representative and the Decedent is as follows. (Place your initials on the line next to the applicable statement):

\_\_\_\_\_ The Decedent's designee under a written instrument directing the final disposition of the Decedent's remains.

\_\_\_\_\_ The Decedent's surviving spouse.

\_\_\_\_\_ The Decedent's surviving child.

\_\_\_\_\_ The Decedent's surviving parent.

\_\_\_\_\_ The Decedent's surviving brother or sister.

\_\_\_\_\_ The Decedent's surviving grandparent.

\_\_\_\_\_ A lineal descendent of the Decedent's grandparents.

\_\_\_\_\_ The Decedent's personal guardian at the time of death.

\_\_\_\_\_ The personal representative of the Decedent's estate.

**3. AUTHORITY OF REPRESENTATIVE:** The Representative warrants and represents to Cemetery that the Representative is the person or the appointed agent of the person who by law has the paramount right to arrange and direct the disposition of the remains of the Decedent and that no other person(s) has a superior right over the right of the Representative.

**4. CURRENT INTERMENT INFORMATION:**

**Date of Death/Interment:** \_\_\_\_\_

**Identify Interment Space:** \_\_\_\_\_

**Owner of Interment Space:** \_\_\_\_\_

**5. PROPOSED INTERMENT INFORMATION:**

**Recipient:** \_\_\_\_\_  
\_\_\_\_\_

**Identify Interment Space, if applicable:** \_\_\_\_\_

**6. REASON FOR REQUESTING DISINTERMENT:** The reason for the disinterment is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. INDEMNIFICATION:** The Representative acknowledges that the Cemetery is relying upon the accuracy and truthfulness of the representations and warranties of Representative, as made above. The Representative agrees to indemnify and hold harmless the Cemetery from any claims or causes of action arising or related in any respect to this direction of the Representative to transfer the remains of the Decedent to the Recipient or the Cemetery's reliance thereon.

**8. COSTS AND EXPENSES:** The undersigned agrees to pay the reasonable costs and expenses of the disinterment.

**I attest that all the information provided above is true to the best of my knowledge and belief.**

**By:** \_\_\_\_\_  
**(Representative)**

**Date:** \_\_\_\_\_

State of \_\_\_\_\_)

County of \_\_\_\_\_ )ss:  
\_\_\_\_\_ )

Before me, a notary public in and for said county and state, personally appeared  
\_\_\_\_\_ who executed the foregoing on this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal/Stamp)

My commission expires: