

AFFIDAVIT TO DISINTER

I, _____, am requesting an "Application and Permit for Disposition of Human Remains". (Disinterment Permit)

The remains/cremains are those of:

Deceased Name: _____

Date of Birth: _____

Date of Death: _____

City of Death: _____

County of Death: _____

My relationship to the decedent: _____

Name: _____

Address: _____

Contact No: _____

Email Address: _____

Today's Date: _____

Signature: _____