

# 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 Death: \_\_\_\_\_

City of Death: \_\_\_\_\_

County of Death: \_\_\_\_\_

My relationship to the decedent: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Signature: \_\_\_\_\_