

Spousal Disinterment Application and Affidavit
For disinterment under ORC. Sec. 517.23 (A)(1) and 517.24(A)

The undersigned affirmatively states by the execution hereof that:

1. He/she is the surviving spouse of _____
(Deceased)
2. He/she is eighteen year of age or older and of sound mind.
3. The cause of death of the decedent was _____. Decedent did not die of a contagious disease, or if so, a permit by the Board of Health pursuant to Ohio Revised Code sec. 517.34 is attached hereto.
4. He/she has requested _____ (Funeral Home) to arrange for and aid in the disinterment of the body of the deceased from _____ (Cemetery), _____ (Section), _____ (Row), _____ (Grave) Toledo, Ohio.
5. The decedent's remains are to be reinterred at _____ Cemetery in _____ County, State of _____.
6. He/she has requested City of Toledo Municipal Cemeteries to furnish personnel and necessary equipment for such disinterment. The City and its agents shall not and do not assume any liability for damage to any casket, burial vault or remains resulting from disinterment (TMC 959.06 (b)).
7. He/she agrees to pay the costs of the disinterment and re-interment, including _____ payable to _____.

The undersigned acknowledges the above made statements and further agrees to hold the City of Toledo and its employees and agents harmless with respect to any and all claims of any nature whatsoever made by any person or entity with respect to damages of every kind, nature and description arising out of any action by the City of Toledo Cemeteries by reason of the acceptance of this request of the undersigned, and as to any claims involving any item of funeral or burial merchandise.

(Signature of surviving spouse) (Date)

(Printed name) Accepted by: _____
City of Toledo Municipal Cemeteries

SS: County of Lucas, State of Ohio:

Sworn to before me and subscribed in my presence by _____,
as Decedent's surviving spouse, this _____ day of _____, 20____.

Notary Public