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STATE'S ATTORNEY



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DISINTERMENT REQUEST AND AFFIRMATION

Name of Decedent _____ Your Relationship to Decedent _____

Current Interment Information
Cemetery Name _____ Cemetery Address _____
Date of Death/Interment _____ Lot # _____ Site # _____ Section # _____ Other _____
Lot Owner's Name _____ Lot Owner's Relationship to Decedent _____
If Lot Owner Is NOT the Next-of-Kin Signing this form, Does Lot Owner Concur in Request? _____

Proposed Interment Information
Cemetery Name _____ Cemetery Address _____
Lot # _____ Site # _____ Section # _____ Other _____

Reason for Requesting Disinterment

I affirm that all of the information provided above is true to the best of my knowledge and belief, and that the remains of the above-named decedent will be re-interred at the site of the Proposed Interment Information.

I realize that the State's Attorney will rely on the information contained in this form to approve or deny my request, pursuant to Article 27, Sections 265 and/or 267 of the Annotated of Maryland.

TO BE COMPLETED BY STATE'S ATTORNEY'S OFFICE

TO BE COMPLETED BY NEXT-OF-KIN TO DECEDENT

APPROVAL GRANTED

APPROVAL DENIED

Signature _____
Printed Name _____
Address _____
Telephone Number _____

State's Attorney's Office

Date _____

Sworn to before me this _____ day of _____

Signature _____
Printed Name _____
My Commission Expires _____