

REQUEST FOR PERMIT FOR DISINTERMENT

Pursuant to Wisconsin state statute 69.18(4), I, _____,

residing at (complete address) _____
(Complete Address)

Phone number (____) _____, hereby request a permit to disinter (and reinter) the corpse of:

Name of Decedent _____ Date of Death _____

City/Village/Township of Burial _____ County of Burial _____

Name of Cemetery _____

Lot Location (if known) _____

Place of Reinterment _____

I understand that by signing this request, I do hereby swear (under penalties prescribed under ss. 69.24 that I know of no contrary indications to this disinterment made by the decedent prior to death. I also swear that I am a member of one of the classes listed in legal priority order below [as specified by ss. 69.18(4)], that any living members of the same or prior class have been duly notified of my intentions to request this disinterment permit and I know of no contrary indications by any of those members. I also understand that I am obligated to dispose or arrange for the disposal of the corpse in compliance with state laws and local health department rules. **I swear that I am** (Check the appropriate category):

- | | |
|---|---|
| 1) ___ The decedent's spouse | 4) ___ An adult brother or sister of the decedent |
| 2) ___ An adult son or daughter of the decedent | 5) ___ A guardian of the person of the decedent at the time of death |
| 3) ___ Either parent of the decedent | 6) ___ Any other person authorized or under obligation to dispose of the corpse |

(Signature of Requestor) (Date Signed)

CERTIFICATE OF NOTARY PUBLIC

(SEAL) Subscribed and sworn to before me this _____ day of _____, 20_____

Signature _____, Notary. My commission expires _____

NOTE: THIS DOCUMENT DOES NOT SERVE AS A PERMIT FOR DISINTERMENT. The signed permit must be obtained from the Coroner/Medical Examiner in the county of burial before disinterment may take place. If the corpse is to be cremated, written permission of the Coroner/Medical Examiner must be obtained in compliance with Wisconsin State Statute 979.10.

(For Coroner/Medical Examiner and Funeral Director Use)

(Signature of Funeral Director, if Applicable) (Date Signed)

Name of Funeral Home (if applicable) _____

Address of Funeral Home _____

Date Recv'd by Coroner/M.E. of County of Burial _____ Date Permit Issued _____